



EXTERNAL CONCERN FORM

Water

Sewage

Address: _____
(Number, Name, Apt #)

Date: _____
(DD-MM-YYYY)

(City / Town)

Time: _____

Home No.: () _____

Client / Name: _____

() _____

- Nature of Problem
- Pressure Rust Particulate Matter Sewage Overflow
 - Colour Staining Chlorine Levels Odour
 - Taste & Odour Noise Spill
 - Other : _____

Complaint Details:

Originator of Complaint Form: _____ Faxed/Emailed to Technical Support

WATER INVESTIGATION

SEWAGE INVESTIGATION

Source of Water: _____

Facility: _____

Free Chlorine Residual mg/L

Pumping Station: _____

Total Chlorine Residual mg/L

Problem Location: _____

Wind Direction: _____

Temperature: _____

On-Site Visit

Telephone Inquiry Only

Referred to appropriate depot

Technicians Observations / Actions: _____ Date and Time Responded: _____

no further action required

in progress

Complete

Complainant contacted

copy sent to originator

Copy to IMS Co-ordinator

Attending Technician / Depot Staff: _____