

Illicit Discharge Detection & Elimination Complaint Form

1. Initial Complaint Info:

a. Date: _____

b. Time: _____

c. Location: _____

d. Observation: _____

e. Contact:

 i. Name: _____

 ii. Address: _____

 iii. Phone: _____

2. Complaint Investigation:

a. Investigated by: _____

b. Date: _____

c. Observation: _____

d. Pictures: (Yes / No) _____

e. Recommended action: _____

3. Complaint Resolution:

a. Action Taken: _____

b. Resolved: (Yes / No): _____
