

# 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): \_\_\_\_\_  
\_\_\_\_\_