



STORM WATER COMPLAINT FORM

COMPLAINT FORM SUBMITTED BY

Name:	<input type="checkbox"/> Anonymous
Date:	
Address:	
Telephone:	
Email:	
Should we contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION OF COMPLAINT

Site Name (Project):	Construction Site ID No:
Address/Location:	
Landowner Name:	

DESCRIPTION OF COMPLAINT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Automobiles (fluid leak, car washing)	<input type="checkbox"/> Storm Water Management (flooding, pond maintenance)
<input type="checkbox"/> Pet Waste	<input type="checkbox"/> Illicit Discharge (spill/ hazardous material)
<input type="checkbox"/> Household Hazardous Waste (dumping)	<input type="checkbox"/> Illicit Discharge (improper waste disposal)
<input type="checkbox"/> Household Practices (garbage, recycling)	<input type="checkbox"/> Illicit Discharge (dry weather flow / discharge)
<input type="checkbox"/> Fertilizers & Pesticides	<input type="checkbox"/> Illicit Discharge (illegal plumbing connection)
<input type="checkbox"/> Leaves & Grass Clippings	<input type="checkbox"/> Illicit Discharge (failing lateral/ septic system)

<input type="checkbox"/> Stream & Shoreline Management (erosion)	<input type="checkbox"/> Street Sweeping / Catch Basin Cleaning
<input type="checkbox"/> Residential (downspouts, sump pump)	<input type="checkbox"/> Municipal Road Salt & Other Deicers
<input type="checkbox"/> Construction Site Erosion Control	<input type="checkbox"/> Other:

Describe complaint:

FOLLOW-UP ACTIONS

Describe follow-up actions:

