# Appendix 5: Sample Complaint Form

## Complaint Receipt

### Complaint Received

Date:

Time of incident:

Time reported to facility:

Date and time reported to MOE (if applicable):

### Complainant

Name:

Address:

Phone:

Details(e.g., type of complaint; for an odour complaint, description of the odour, including odour intensity based on a scale of 1-10, with 10 being the strongest):

### Meteorological Conditions

Temperature:

Wind Speed:

Wind Direction:

Cloud Cover: (Full / Partial / None)

Precipitation:

Site Activities(windrow turning, waste receipt, screening etc.):

### Response

Actions taken to remediate cause of complaint:

Action to prevent recurrence:

Follow Up Call: