Sample Complaint Response Form

Date:

Time:

## Complainant Information

Name:

Address:

Contact Number:

Callback completed (if required): Yes □

Attach map showing complainant location relative to the facility.

Date of Odour:

Time of Odour:

Complaint Details (describe where odour was detected, what it smelled like, how strong the odour was, duration, and any other descriptors that will help characterise the odour):

An odour intensity scale may help describe the strength, with the following as an example with intensity ratings from 0 to 6:

0 – no odour

1 – very faint

2 – faint

3 – distinct

4 – strong

5 – very strong

6 – extremely strong.

## Weather Conditions (e.g. from local Environment and Climate Change Canada Station)

General Description:

Wind speed and direction:

On-site verification of wind direction:

Temperature:

Precipitation:

## Details of Investigation

Was facility operating?

Which production lines were operating?

What were production rates on day of complaint?

Can a specific odour source be identified? If yes, describe.

Were there any upset or abnormal operating conditions at the time of the complaint? If yes, describe.

Were any maintenance activities being conducted?

Other relevant information:

## Investigation Findings:

## Required Actions:

Actions Completed on (Date):

## MOECC Reporting Details

Name of MOECC Officer Receiving Complaint:

Date Reported:

## Form completed by

Name:

Signature:

Date:

## Management Review

Name:

Signature:

Date: