COMPLAINT REPORT

CF-S-61

iTrak #:

COMPLAINANT INFORMATION:

Notification Method: ☐ Phone ☐ Verbal ☐ Email ☐ Web base/ Internet

Complainant's Name: FIRST NAME LAST NAME Phone Number: 000-000-0000

Incident Date and Time: DD/MM/YY 00:00 ☐ am ☐ pm Received By (Name):

Location: ☐ Shop ☐ Yard ☐ Customer Site ☐ Public Road ☐ Office ☐ Other:

City/ Town Occurred In:

COMPLAINT FACTS AND DETAILS:

Type of Complaint (check all applicable):

☐Contamination ☐ Noise ☐ Spill
☐ Driving (refer to CF-S-09D) ☐ Property Damage ☐ Smoke
☐ Dust ☐ Public Safety ☐ Vandalism
☐ Garbage ☐ Site Appearance ☐ Other:

Complainant's Description of What Happened:

ENVIRONMENTAL CONDITIONS:

Light Conditions: ☐ Artificial ☐ Bright Sun ☐ Daylight ☐ Night
☐ Bright Lights ☐ Dawn ☐ Dusk ☐ Overcast

Weather Conditions: ☐ Blizzard ☐ Freezing Rain ☐ Light Snow ☐ Dust
☐ Chinook ☐ Hail ☐ Overcast ☐ Sandstorm
☐ Clear ☐ Heavy Rain ☐ Sleet ☐ Sunny
☐ Cloudy ☐ Heavy Snow ☐ Smoke ☐ Windy
☐ Fog/ Mist ☐ Light Rain

Wind Direction: ☐ North ☐ North West ☐ South East ☐ South West
☐ North East ☐ East ☐ South ☐ West

Wind Speed: (estimated km/hr): km/hr Precipitation (amount at time of incident): cm/mm Temperature (estimated °C) °C

FOLLOW UP:

Does the complainant want follow-up contact: ☐ Yes ☐ No When? DD/MM/YY

Follow-up contact made by: Date: DD/MM/YY Time: 00:00 ☐ am ☐ pm

Description of Follow-Up Communication:

NOTIFICATION:

Required	Person Notified	Notified By:	Date:	Time:
Immediate Supervisor			DD/MM/YY	00:00 am/pm
Manager			DD/MM/YY	00:00 am/pm
Regional/ General Manager			DD/MM/YY	00:00 am/pm
Executive Management			DD/MM/YY	00:00 am/pm
Other:			DD/MM/YY	00:00 am/pm

Investigation Assigned To:		**Date:**	DD/MM/YY
Entered into iTrak by:		**Date:**	DD/MM/YY