



"SCHEDULE A" COMPLAINT FORM

Complainant Information	
Name:	Phone:
Civic Address:	Mailing Address:
Email:	
Complaint Information	
Date:	
Complaint Details: (Include name, address and nature of complaint)	
OFFICE USE ONLY	
File No:	Assigned: PW PO ADMIN
Date:	Complaint taken by:
First Response Corrective Action (within 5 working days)	
Corrective Action Persons:	
Corrective Action Follow-up:	
What steps should be considered to avoid a repeat of the problem:	
Signature:	Date: