

Water Quality Complaint

Name Date Time

DD-MMM-YY Circle AM PM

Location

Call received by

Home Phone

Work Phone

Consumer Complaint

Colour

Dirty

Black

Brown

Yellow

White

Cloudy

Other

Taste/Odor

Chlorine

Chemical

Metallic

Bitter

Musty

Sulfur/Swamp

Other

Particles

Rust

Dirt

Metal

Flakes

White Plastic

White Grainy

Other

Residue

Blue/Green Stain

Black/Brown Slime

Mold

Other

Illness

Household Member Sick

Concern About Health

Physician Advised Test

Other

Other

For Office Use

Parameters Sampled

Total coliforms Turbidity Copper Colour Other

Fecal coliforms HAAs Iron Odor

HPCs THMs Lead Taste

Free chlorine residual PH Vinyl Chloride

Temperature Zinc

Sampling Results

Cause of Problems

Follow Up Actions Taken

Date Completed