

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