STORMWATER COMPLAINT FORM

I. Incident Report
Date/Time: __________________ AM/PM  Received By: __________________
Location: ______________________
Initial Report of Conditions: __________________

II. Investigation
Date: __________________________  By: __________________________
Storm Drain location/Outfall: __________________
Entered Storm Drain System/Receiving Waters: YES____ NO____
Material Type:

____ Hazardous  _____ Sediment
____ Wastewater  _____ Oil/Grease
____ Other_________  _____ Unknown
Estimated Quantity: _______________  Additional Information _______________
Observed Land Use:

_____ Residential  _____ Commercial/Industrial  _____ Public
Stormwater Permit: YES____ NO____
Direct/Constructed Connections Found? YES____ NO____
Description: __________________________
Source/Responsible Party: __________________________

III. Action & Closure
Referred to: ______________________  Date: ______________________
Action Taken: __________________________
Date Closed: __________________________