



# Complaint Form Water Service

Name:

Address:

Telephone:

(work)

(home)

(mobile)

Email Address:

1. Which service provider does your complaint concern? \_\_\_\_\_

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2. Please list the people you have previously contacted at your service provider (List any names, titles, phone numbers or addresses that you have).

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3. Summarise your complaint and any steps you have taken to resolve it (Please indicate any relevant dates).

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4. Why do you believe the service provider's actions are unfair? \_\_\_\_\_

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5. Describe the actions/results you would like implemented \_\_\_\_\_

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6. Who referred you to the Water Services Planning Branch? (please tick).

Service provider (name of person who referred you if known) \_\_\_\_\_

State Ombudsman

Department of Consumer and Employment Protection

Other (please specify) \_\_\_\_\_