

Water Utility Customer Complaint Form

Utility Name: _____

Date: _____ Complaint Number: _____

Customer Information

Customer Name: _____

Service Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Account Number: _____

Complaint Details

Type of Complaint

- Water Quality
- Low Pressure
- No Water
- High Bill/Billing Issue
- Leak Concern
- Meter Problem
- Sewer Backup
- Service Interruption
- Employee Conduct
- Other: _____

Date Problem Began: _____

Time Problem Began: _____

Describe the Complaint:

Has This Been Reported Before?

- Yes No

If yes, date reported: _____

Utility Investigation Section (Office Use Only)

Received By: _____

Date Received: _____

Method Received:

- Phone
- Walk-In
- Email
- Website
- Other: _____

Investigation Notes:

Corrective Action Taken:

Date Resolved: _____

Resolved By: _____

Customer Contacted Regarding Resolution:

- Yes No

Customer Signature: _____

Date: _____

Utility Representative Signature: _____

Date: _____