ENVIRONMENTAL PROTECTION DEPARTMENT
COMPLAINT FORM

Please type information into the spaces provided and print form. The completed form can be submitted by mail to the Environmental Protection Department, L.V. Harcourt Lewis Building, Dalkeith, St. Michael, Emailed to enveng@caribsurf.com or faxed to 228-7103

COMPLAINANT INFORMATION

Name:		Home Phone #:	
Address		Work Phone #	
		Cell #:	
		Fax #:	
		Email:	

PERSON/COMPANY THAT COMPLAINT IS MADE AGAINST

Name of Individual/Company		Phone #:	
Address		Cell #:	
		Fax #:	
		Email:	

MAIN ENVIRONMENTAL ISSUE (please tick all relevant items)

Air Pollution Ambient		Marine Pollution		Building Development Control	
Vehicle Maintenance Facilities	☐	Sewage discharge Fish kill	☐	Illegal Construction	☐
Manufacturing	☐	Oil spill	☐	Wastewater disposal systems	☐
Industrial Stacks	☐	Wastewater discharge	☐		
Nuisances	☐	Other	☐		
Indoor	☐				
Hazardous Materials	☐	Water Pollution	☐	Derelict Building	☐
Solid Waste	☐	Noise Pollution	☐	Derelict Vehicle	☐
Other	☐				

Complaint Description

1. Please provide a brief description of the complaint: including when activity began, activity causing problem, symptoms experienced or damage caused as a result of the activity
Directions:

2. Best time to visit to observe complaint:	
3. Length of time the problem has been in existence:	

4. Other Agencies Contacted and Contact person

Signature of Complainant: _____   Date:

FOR OFFICIAL USE ONLY

Type of Complaint

Air Pollution Ambient Vehicle Maintenance Facilities Manufacturing Industrial Stacks Nuisances Indoor		Marine Pollution Sewage discharge Fish kill Oil spill Wastewater discharge Other		Building Development Control Illegal Construction Wastewater disposal systems	
	☐☐☐☐☐		☐☐☐☐☐		☐ ☐
Hazardous Materials	☐	Water Pollution	☐	Derelict Building	☐
Solid Waste	☐	Noise Pollution	☐	Derelict Vehicle	☐
Other	☐				

Complaint made by:

Letter ☐   Telephone ☐   Walk in ☐

Complaint Referred to: _____

Complaint File #: _____   Investigation File #: _____

Complaint received by:_____   Date received: _____

Complaint acknowledged by: _____   Date: _____

Senior officer receiving complaint: _____   Date received: _____

Officer assigned to complaint: _____   Date received: _____

Complaint closed by Senior Officer: _____   Date: _____