

Customer Complaint Form:

Name of Complainant: _____

Complainant Address: _____

Complainant Phone Number: _____

Complainant E-mail address: _____

Account Number: _____

Describe the nature of this complaint: _____

Can you give a name/title of the person or persons you wish to report? _____

Please give a Date and a Detailed Description of the Incident you are reporting.

Your Signature: _____ Date: _____

**** By signing this form, you affirm the information you provide is truthful and accurate.**

Customer Complaint Form must be Filled Out and Signed before Thomas Hill PWSD #1 will address the complaint.

Name of Employee
taking this complaint: _____ Date: _____