CONSUMER COMPLAINT FORM

DATE OF INITIAL COMPLAINT _____ WORK ORDER #_____

ACCOUNT HOLDER _____ CUSTOMER# _____

SERVICE ADDRESS _____

CELL PHONE ( ) _____ HOME PHONE ( ) _____

NATURE OF COMPLAINT:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

ACCEPTED BY: _____DATE_____

DO NOT WRITE BELOW THIS LINE-FOR WATER BOARD USE ONLY

METER EIN #_____ DATE METER DATA LOGGED _____

CONSUMER CONTACTED REGARDING RESULTS:

NAME OF CONSUMER CONTACTED: _____ DATE CONTACTED: _____

SUMMARY OF INFORMATION PROVIDED TO CONSUMER:

_____
_____
_____
_____
_____
_____

RESOLUTION/ACTION TAKEN (CONSUMER/WATERBOARD):

_____
_____
_____
_____
_____
_____
_____

CLOSED BY: _____DATE_____

(Understand that any information regarding your account that is discussed in an open board meeting of The Water Works Board of the City of Vincent is subject to the Alabama Open Records Act and therefore would be available to the public upon request)