



Stormwater Utility Complaint Form

I. Incident Report

Date/Time: _____ AM/PM Received By: _____

Location: _____

Initial Report of Conditions: _____

II. Investigation

Date: _____ By: _____

Storm Drain ID/Outfall: _____

Entered Storm Drain System/Receiving Waters: YES ___ NO ___

Material Type:

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Hazardous | <input type="checkbox"/> Sediment |
| <input type="checkbox"/> Wastewater | <input type="checkbox"/> Oil/Grease |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Unknown |

Estimated Quantity: _____ Additional Information: _____

Observed Land Use:

- | | | |
|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Public |
|--------------------------------------|--|---------------------------------|

Stormwater Permit: YES ___ NO ___

Direct/Constructed Connections Found? YES ___ NO ___

Description: _____

Source/Responsible Party: _____

III. Action & Closure

Referred to: _____ Date: _____

Action Taken: _____

Date Closed: _____