

**BLUFF DALE WATER SUPPLY CORP
CUSTOMER COMPLAINT FORM**

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: Home _____ **Cell** _____ **Work** _____

DATE PROBLEM OBSERVED: _____

APPROXIMATE TIME OBSERVED: _____

**ADDRESS OR LOCATION WHERE THE
PROBLEM IS OCCURRING:** _____

PLEASE GIVE A BRIEF DESCRIPTION OF THE PROBLEM: _____

DATE OF COMPLAINT _____

COMPLAINT HANDLED BY: _____ **DATE:** _____