COMMUNITY & ENVIRONMENTAL COMPLAINANT FORM

NAME OF COMPLAINANT:			TEL NO:			
Age:			Gender			
Control Information (Address)				М	F	
Contact Information (Address):						
Town/Community:						
PART 1: DETAILS OF COMPLAINT	Γ / INCIDENT					
COMPLAINT SHORT TITLE:						
DATE:	PLACE OF INCIDE	NT (Address/Project S	Site/GPS Coor	dinates)		
BRIEF DESCRIPTION/STATEMENT						
If insufficient space please write on a separate sheet, sign, date and attach to this form.						
Signature (CR Staff)		Date				
Signature (Complainant)		Date				

PART 2: RESPONSE FROM C	OMPANY						
Does the claim proceed?	No.						
	Yes No						
If NO, give reasons:							
Name of Person Logging the Incident:							
		I					
Signature (CR Staff)		Date					
PART 3: VERIFICATION							
PARTICIPANTS' NAMES		FROM	DEPARTMENT				
		_					
Person Responsible for Report							
Date of Submittal of Report Signature							

PART 4: CORRECTIVE ACTIONS

Specify Corrective Action:					
Date of Corrective Action:					
ACKNOWLEDGEMENT OF CLOSURE TO COMPLAINANT					
Signature (CR Staff)	Date				
Signature (Company Rep)	Date				
OTHER RECOURSE TAKEN					
If Complainant seeks further action, please provide details if known.					