

COMPLAINT FORM

SEND TO:
 <LHD Name>
 <Address>
 <City/State/Zip>
 <Phone>
 <Fax>

Complaint No.
 File No.
 For Office Use Only

 COMPANY OR INDIVIDUAL COMPLAINING AGAINST REGISTRATION NO.

 ADDRESS CITY STATE ZIP PHONE NO.

 NAME OF COMPLAINANT PHONE NO.

 ADDRESS CITY STATE ZIP

 SIGNATURE DATE

LOCATION OF WELL:

 ADDRESS CITY STATE

 COUNTY TOWNSHIP SECTION

 NEAREST INTERSECTION AND DIRECTIONS TO LOCATION OF WELL

HAVE YOU CONTACTED THE CONTRACTOR ABOUT YOUR COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, PERSON CONTACTED: DATE:
HAVE YOU CONTACTED ANY OTHER AGENCY ABOUT THIS COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>	AGENCY: DATE:
HAVE YOU STARTED LEGAL ACTION? YES <input type="checkbox"/> NO <input type="checkbox"/>	WERE YOU GIVEN A WATER WELL AND PUMP RECORD? YES <input type="checkbox"/> NO <input type="checkbox"/>
WERE YOU GIVEN A WRITTEN EXTIMATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WERE YOU GIVEN AN ITEMIZED INVOICE? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/>
DID YOU HAVE A WRITTEN CONTRACT COVERING THE WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	

NOTE: THIS COMPLAINT IS **NOT** CONFIDENTIAL AND WILL BE SENT TO THE CONTRACTOR OR FIRM INVOLVED. ATTACH COPIES OF ANY DOCUMENTATION THAT WILL ASSIST US IN RESOLVING THIS COMPLAINT.

