For office use only:
PWSID: NJ
Date of receipt:



Department of Environmental Protection - Bureau of Water System Engineering
MAIL CODE: 401-04Q
401 East State Street - P.O. Box #420
Trenton, New Jersey 08625-0420
Fax #609-633-1495

Email: watersupply@dep.nj.gov

CONSUMER WATER QUALITY COMPLAINT FORM

Water System Information:
Are you served by □ Public Water □ Private Well? *If you are served by a private well do not complete this form. Contact your Local County Health
Department with any concerns you have. A list of Local Health Departments is available at
http://www.state.nj.us/health/lh/documents/lhdirectory.pdf.
If served by a public water system, did you file a complaint with your water system? ☐ Yes ☐ No
If "No" do not complete this form. Contact your water system for assistance and to file a formal complaint.
If "Yes", what action has the water system taken to resolve your complaint? Include dates and the contact information of those individuals you spoke with. (Please Print)
Water System Information: (Please Print)
Water System Name:
Complaint Information: (Please Print)
Today's Date: / /
Name:
Phone Number: Email:
Property Location of Complaint:
Street Address:
Zip Code: County: Municipality:
Mailing address if different than above:
Type of unit: ☐ Single Family Residence ☐ Multifamily Residence ☐ Business ☐ Other:

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In what manner do you wish to be notified of the results of this investigation? \square email \square phone \square letter
Detailed Description of Complaint: (Please Print)
Attached Supporting Evidence □ photos □ written statement of neighbors □ other
What action do you consider is required by the Water System?
Complainant Signature:
Complainant Signature:

This form is to be submitted by mail, fax or e-mail at address listed above. If submitting via e-mail, include "Water Quality Complaint" in the subject line.