



PASSAIC VALLEY SEWERAGE COMMISSION Compliment/Complaint Form

Please mail or fax to: Passaic Valley Sewerage Commission
Chief Administrative Officer's Office
600 Wilson Avenue
Newark, NJ 07105
Phone Number: (973) 817-5695
Fax Number: (973) 344-2951

Gray areas are for internal use only.

| | | | | | |
|--|--|--------|---------------------------------|---------------------------------------|--|
| DEPARTMENT | | ID NO. | | CASE NO. | |
| PERSON MAKING REPORT (May be anonymous) | | | | | |
| NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | STATE | ZIP | PHONE NO. | |
| DOB OR AGE | | | SEX | RACE (Optional, statistical use only) | |
| EMPLOYER/ SCHOOL | | | PHONE NO. | | |
| ADDRESS | | CITY | STATE | ZIP | |
| INCIDENT | | | | | |
| NATURE OF COMPLIMENT/ COMPLIANT (Circle one) | | | | | |
| PVSC Employee(s) | | | IDENTIFICATION NO(s) (If known) | | |
| DATE OF INCIDENT | | | TIME OF INCIDENT | | |
| INCIDENT LOCATION (Exact address if you have it) | | | | | |
| DESCRIPTION OF INCIDENT | | | | | |
| SIGNATURE | | ID NO. | | DATE RECEIVED | |