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: ____________________________
In what manner do you wish to be notified of the results of this investigation? ☐ email ☐ phone ☐ 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: ____________________________________________________________

*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.*