

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.	CASE NO.	
PERSON MAKING REPORT (May be anonymous)					
NAME					
ADDRESS					
CITY	STATE	ZIP	PHONE NO.		
DOB OR AGE	1	SEX	RACE (Optional, statistical use only)		
EMPLOYER/ SCHOOL		PHONE NO.			
ADDRESS	CITY		STATE	ZIP	
INCIDENT NATURE OF COMPLIMENT/ COMPLAINT (Circle one)					
PVSC Employee(s)		1	DENTIFICATION 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		
DIGITATURE	ID NO.		DATE RECEIVED		