

Friendsville
WaterWorks
Delivering the essence of life.
Customer Complaint Log

Date: _____ Time: _____

Customer Name: _____

Address: _____

Phone Number: _____ Email: _____

Nature of Complaint

Pipeline	<input type="radio"/> Pressure	<input type="radio"/> Leak	<input type="radio"/> Air in Line
Pipeline	<input type="radio"/> Svc Line Stoppage	<input type="radio"/> Main Line Stoppage	<input type="radio"/> Partial Line Stoppage
Miscellaneous	<input type="radio"/> Meter	<input type="radio"/> Discolored Water	<input type="radio"/> Taste and Odor
Billing	<input type="radio"/> High Bill	<input type="radio"/> Low Bill	<input type="radio"/> No Bill
Other	<input type="radio"/> No Water	<input type="radio"/> Construction	<input type="radio"/> Other

Explain nature of complaint:): _____

Health Issues (if any occur): _____

Customer's Plumbing:

<input type="radio"/> PVC	<input type="radio"/> Copper	<input type="radio"/> Galvanized
<input type="radio"/> Other plastic	<input type="radio"/> Other	<input type="radio"/> Unknown

Does customer have home treatment device? Yes No Unknown

Is complaint related to hot water heater? Yes No Unknown

Action taken to resolve problem: Phone on Site Visit Other

How was problem resolved? _____

Signature of person taking call:

Date & Time:

Signature of technician handling complaint:

Date & Time: