

CITY OF ST. JOSEPH - LAKE MICHIGAN SHORELINE  
WATER & SEWAGE TREATMENT AUTHORITY  
New Main Construction Project

**Water Quality Complaint Form**

The St. Joseph Water Department must be contacted immediately. This form must be initiated for each customer water quality complaint received by the contractor, engineer, or local official. Please provide all pertinent information completely and concisely as possible. A copy of this form must accompany the final checklist documentation.

Complaint by: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Name of person taking the Complaint: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Concern: \_\_\_\_\_  
Examples include: No water, low pressure, taste, odor, air, dirt or rust, water hammer sound, leaks, other...

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Night-time \_\_\_\_\_

Suspected or Probable Cause of the complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actual Cause of the complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the problem been solved? YES NO Date: \_\_\_\_\_

If not what has been done: \_\_\_\_\_  
\_\_\_\_\_

Who resolved the problem? \_\_\_\_\_ Title: \_\_\_\_\_

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Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_