

CONSERVATION AND FISHERIES DEPARTMENT  
MINISTRY OF NATURAL RESOURCES AND LABOUR

## COMPLAINT FORM

Date:		Time:	
Complaint made by whom:			
Contact info of complainant:			

Means of complaint:     Given in person                       Telephoned                       Faxed  
     Written     Email     Other

Nature of Complaint: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If Oil Spill, obtain the following information:

Rainbow sheen    or     Slick                      Est. thickness of oil layer: \_\_\_\_\_

Location     Land                       Sea \_\_\_\_\_

Extent of Spill: \_\_\_\_\_

Estimated amount spilled: \_\_\_\_\_

Can you identify source?  Yes     No \_\_\_\_\_

Is source secure?  Yes     No \_\_\_\_\_

Follow-up Action (state persons notified and whether anyone undertook to respond):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If oil spill, notify the following personnel:

Name	Phone	Beeper/Cellular

If no follow-up action taken, state why.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sign: \_\_\_\_\_