

Putnam County Solid Waste  
Customer Complaint Form

Name of person making complaint: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Nature of complaint: \_\_\_\_\_

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Results of investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date complainant contacted with the results of the investigation and action taken:

Initials of person taking complaint: \_\_\_\_\_