

Complaint Record

Project Name : _____ Complaint #: _____

Date Received: _____ Time: _____ Customer No: _____

Address: _____

Telephone: (____) _____ Complaint taken by: _____

Nature of Complaint: _____

Location of Complaint: _____

FIELD INSPECTOR FILLS OUT INFORMATION BELOW:

FIELD REPORT

Date Received: _____

Person Investigating: _____

Date Investigated: _____ Time: _____ A.M P.M.

Conditions Found: _____

Action Taken: _____

No Action Needed

Owner to resolve

Forward to Contractor