



# REDEMPTION CENTRE - INCIDENT REPORT FORM

In an ongoing effort to improve on the level of service provided by Encorp Atlantic and its service providers we wish to document in the most concise manner any incident in the hope that we can resolve any possible problem in an expedient and fair fashion.

▶ **INSTRUCTIONS (BY MAIL OR FAX):** Mail or fax this completed form with any attachments to: **Encorp Atlantic P.O. Box 65, Moncton, NB E1C 8R9 Fax (506) 389-7329.**

**INSTRUCTIONS (ELECTRONIC SUBMISSION):** Please download this form on your hard drive, complete it, save it and send it to us by email at **info@encorpatl.ca.**

## ▶ YOUR INFORMATION

Name : \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail Address (if available) \_\_\_\_\_ Redemption Centre # \_\_\_\_\_

Redemption Centre Name: \_\_\_\_\_

Best Way to Reach You: \_\_\_\_\_ Best Hours to Reach You: \_\_\_\_\_

## ▶ INFORMATION ABOUT YOUR INCIDENT

Driver's Name: \_\_\_\_\_ Have you tried to resolve the issue or contacted anyone regarding the incident?

Date: \_\_\_\_\_ Approx time of incident: \_\_\_\_\_  Yes  No

If yes, what was the person's response? \_\_\_\_\_

## ▶ DETAILS ABOUT YOUR INCIDENT

Select the most appropriate description of the incident (*include pictures when possible*):

- Torn or severely damaged bag
- Bulk bags unavailable \_\_\_\_\_
- Wooden pallets unavailable \_\_\_\_\_
- Trailer sweeping left on centre's property \_\_\_\_\_
- Pickup not performed within legislated allowable time \_\_\_\_\_
- Payment not performed within the legislated allowable time \_\_\_\_\_
- Courtesy and timeliness of reply \_\_\_\_\_
- Communication problem \_\_\_\_\_
- Other (*if other, describe the incident in detail. Include as much specific information as possible.*) \_\_\_\_\_

▶ **CONSENT** Please be advised that the incident(s) described in this complaint could be shared with the company in question (service provider) or Environment and Local Governance NB for their response. If you do not wish for your name or centre to be disclosed please select the following:

I do not consent to my name being disclosed. Not using your name / centre may hinder our ability to complete the investigation and properly resolve the issue.

## ▶ YOUR SIGNATURE

I have read this report and affirm to the best of my knowledge that the facts stated on this form are true.

Signature \_\_\_\_\_

Date \_\_\_\_\_