

## **CONSUMER - INCIDENT REPORT FORM**

In an ongoing effort to maintain and improve on the level of service provided by Encorp Atlantic we wish to document in the most concise manner any incident or complaint in the hope that we can resolve any possible issue in the most 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 INFORMAT	ION
Name:	Home #:
	Place of residence:
Best method and time	to contact you:
INFORMATION A	BOUT YOUR INCIDENT
Name and address of F	Redemption Centre:
Date:	Approx time of incident:
Have you tried to resolv	ve the issue? Oui Ono Have you contacted anyone regarding the incident? Oui Ono
If yes, with who?	
What was the person's	response?
NFORMATION OF Which of the following	
<ul><li>Waiting time</li><li>Number accurac</li></ul>	Describe in details the incident:
Area cleanliness	
Area safety	
O Courtesy of staff	<u> </u>
Other	
Photos available: (include photos if possible) yes no	
CONSENTEMENT	Please be advised that the incident(s) described in this complaint could be shared with the Redemption Centre in question Eastern Recyclers Association, NB Environment and Local Governance or any other concern party for their response. If you do not wish for your name to be disclosed please select the following:
	I refuse the disclosure of my name     I accept the disclosure of my name
YOUR SIGNATURI	
I affirm that I have read th	nis report and affirm to the best of my knowledge and that the facts stated on this form are true.
Signature:	Date: