



## 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](mailto:info@encorpatl.ca).

### ► YOUR INFORMATION

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_ Place of residence: \_\_\_\_\_

Best method and time to contact you: \_\_\_\_\_

### ► INFORMATION ABOUT YOUR INCIDENT

Name and address of Redemption Centre: \_\_\_\_\_

Date: \_\_\_\_\_ Approx time of incident: \_\_\_\_\_

Have you tried to resolve the issue?  Oui  Non Have you contacted anyone regarding the incident?  Oui  Non

If yes, with who? \_\_\_\_\_

What was the person's response? \_\_\_\_\_

### ► INFORMATION ON THE INCIDENT

Which of the following best describes the incident?

- Waiting time
- Number accuracy
- Area cleanliness
- Area safety
- Courtesy of staff
- Other

Describe in details the incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photos available:  
(include photos if possible)

- yes  no

► **CONSETEMENT** 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 SIGNATURE

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_