



DRIVER - 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 INFORMATION

Name : _____ Phone # _____

Best Way to Reach You: _____ Best Hours to Reach You: _____

▶ INFORMATION ABOUT YOUR INCIDENT

Redemption Centre #: _____

Date _____ Approx time of incident : _____

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

If yes, what was the person's response?

Yes No

▶ **DETAILS ABOUT YOUR INCIDENT** Select the most appropriate description of the incident *(include pictures when possible)*:

- Wet Bulk Bags
- Overweight Bulk Bags
- Bag tagging error
- Accessibility to dock/property
- Lack of available employees (RC) at the time of loading
- Torn or severely damaged Bulk Bags
- Safety Concerns
- Other *(If other, describe the incident or complaint in detail at the right. Include as much specific information as possible.)*

▶ **CONSENT** 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 Government or any other concern party for their response. If you do not wish for your name 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 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 _____