

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, complete it, save it and send it to us by email at info@encorpatl.ca.

YOUR INFORMATION

Name :			
Email:		Phone #:	
Best method and ti	me to contact you:		
INFORMATION	ABOUT YOUR INCIDENT		
Redemption centre n	ame and #:		
Date	Approx. time of incident :	Have you tried to resolve the issue or contact anyone regarding the incident?	
yes, who did you contact and what was their response?		○ Yes	◯ No

DETAILS ABOUT YOUR INCIDENT

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

○ Wet bulk bags	Describe the incident in details:
igta Overweight bulk bags/tubs	
\bigcirc Bag/tub tagging error	
O Accessibility to dock/property	
\bigcirc Lack of available employees (RC) at the time of loading	
O Torn or severely damaged bulk bags/tubs	
O Safety concerns	
\bigcirc Other	

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 concerned party for their response. Not using your name may hinder our ability to complete the investigation and properly resolve the issue.

O I refuse the disclosure of my name

O I accept the disclosure of my name

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