

DRIVER - INCIDENT REPORT FORM

In an ongoing effort to maintain and 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 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 time to contact you: _____

▶ INFORMATION ABOUT YOUR INCIDENT

Redemption centre name and #: _____

Date: _____ Approx. time of incident: _____ Have you tried to resolve the issue or contact anyone regarding the incident?

If 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
- Overweight bulk bags/tubs
- Bag/tub tagging error
- Accessibility to dock/property
- Lack of available employees (RC) at the time of loading
- Torn or severely damaged bulk bags/tubs
- Safety concerns
- Other

Describe the incident in details:

▶ **CONSENT** Please be advised that the incident(s) described in this complaint could be shared with the redemption centre in question, Recycle NB 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.

I refuse the disclosure of my name

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: _____