

# CONSUMER - INCIDENT REPORT FORM

In an ongoing effort to maintain and improve on the beverage container redemption experience, 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](mailto:info@encorpatl.ca).

## ▶ YOUR INFORMATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

## ▶ INFORMATION ABOUT YOUR INCIDENT

Name & address of redemption centre: \_\_\_\_\_

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

Which of the following best describes the incident? *(Include pictures when possible)*

- Waiting time
- Number accuracy
- Area cleanliness
- Area safety
- Courtesy of staff
- 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: \_\_\_\_\_

