

# REDEMPTION CENTRE - INCIDENT REPORT FORM

In an ongoing effort to 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 in the hope that we can resolve any possible problem in an 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: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Redemption centre #: \_\_\_\_\_

Redemption centre name: \_\_\_\_\_

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

## ► INFORMATION ABOUT YOUR INCIDENT

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

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

Approx. time of incident: \_\_\_\_\_

Yes  No

If yes, who did you contact and what was their response?

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## ► DETAILS ABOUT YOUR INCIDENT

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

- Torn or severely damaged bag/tub
- Bulk bags/tubs unavailable
- Wooden pallets unavailable
- Trailer debris left on centre's property
- Pickup not performed within the allowable time
- Payment not performed within the allowable time
- Courtesy and timeliness of reply
- Communication problem
- Other

Describe the incident in details:

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► **CONSENT** Please be advised that the incident(s) described in this complaint could be shared with the company in question (service provider) or Recycle NB for their response. Not using your name / centre may hinder our ability to complete the investigation and properly resolve the issue.

I refuse the disclosure of my name and the name of my centre  I accept the disclosure of my name and the name of my centre

## ► 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: \_\_\_\_\_