



## **TOM HOWE LANDFILL SITE COMPLAINT FORM**

### **TOM HOWE LANDFILL SITE CONTACT INFORMATION:**

**Address:** 611 Concession 15, Walpole

**This site is closed October 2015.**

### **HALDIMAND COUNTY CONTACT INFORMATION:**

**Phone:** 905-318-5932 Ext. 6128

**Business Hours:** Monday to Friday 8:00 am – 4:30 pm

**\*\*Please contact the Tom Howe Landfill Site or the Haldimand County general inquiry line listed above during regular business hours.**

### **INSTRUCTIONS FOR COMPLETING COMPLAINT FORM**

In accordance with the Landfill Complaint Procedure and Condition 16. (1) (c) of Provisional Certificate of Approval No. A 110104 for the Tom Howe Landfill Site, this Complaint Form is to be completed for each complaint received regarding the landfill site.

## COMPLAINANT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Nature of Complaint

Date of Occurrence: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Synopsis of Complaint: \_\_\_\_\_

Odour                       Noise                       Litter  
 Dust                         Traffic                       Other \_\_\_\_\_

Summary of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wind Speed (at time of occurrence): \_\_\_\_\_

Wind Direction (at time of occurrence): \_\_\_\_\_

Received By: \_\_\_\_\_

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

Time Received: \_\_\_\_\_

## FOLLOW-UP ACTION

Follow-up With Complainant:  Telephone

Visit

Both

Was Problem detected?  Yes                       No

Action Taken:                      Date:                      Time:

Description of Action: \_\_\_\_\_

Summary of Outcome: \_\_\_\_\_

Follow-up Report Prepared By: \_\_\_\_\_

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

Time: \_\_\_\_\_