



TOM HOWE LANDFILL SITE COMPLAINT FORM

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:	_____	
<input type="checkbox"/> Odour	<input type="checkbox"/> Noise	<input type="checkbox"/> Litter
<input type="checkbox"/> Dust	<input type="checkbox"/> Traffic	<input type="checkbox"/> 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: _____

All Complaint Forms should be completed and submitted to the Solid Waste Division for immediate attention. Forms can be emailed to wasteadmin@haldimandcounty.on.ca, or faxed to 905-772-3779, or mailed to 1162 Kohler Road, Cayuga, Ontario, N0A 1E0, or phone 905-318-5932.

For after normal business hours of operation (Monday to Friday – 8:00 a.m. to 4:15 p.m., Saturday – 9:00 a.m. to 1:00 p.m.), and the complaint requires immediate attention, complete the Complaint Form and call the County's Emergency Number:

Emergency Number 1-888-849-7345

All complaints from New Credit will be initially directed to the New Credit Administration Office (1-905-768-1133). The complaint will then be forwarded to the County's Solid Waste Operations Division via the New Credit Environmental Officer using the standard New Credit Tom Howe Landfill Site Report.