



CITY OF RIO COMMUNITIES  
**Solid Waste Collection Complaint Form**

Date of Complaint:	
Person Filing Complaint:	Property Address:
Phone Number:	Email:
Signature of Person Filing Complaint:	

<b>Property Type:</b>
Please Choose One:
<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial
Has the Collection provider been contacted regarding this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please contact the provider.
If yes, what date(s) was the Collection provider contacted?

<b>Explanation of Complaint:</b>

<b>For Office Use Only:</b>
Date Complaint Received by Clerk:
Date Complaint Assigned:
Complaint to be evaluated by:
Date Reviewed:
Result of Evaluation:

Complainant notified by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Person <input type="checkbox"/> Email	
Respondent notified by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Person <input type="checkbox"/> Email	
Date complainant notified:	Date Respondent Notified:
Evaluator Signature:	Date: