

# Agua Special Utility District Complaint Form

## Complainant's Information:

1. Date of complaint: \_\_\_\_\_
2. Name of complainant: \_\_\_\_\_
3. Customer account#: \_\_\_\_\_
4. Daytime Phone Number: \_\_\_\_\_
5. Current mailing address: \_\_\_\_\_  
\_\_\_\_\_

## Respondent's Information:

6. Nature of complaint: \_\_\_\_\_
7. Please circle the type of complaint being made:  
-customer service    -meter reader    -other  
-water bill            -water lines        -employee
8. Reason for complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION: I certify that the furnished information is true and accurately stated to the best of my knowledge. I authorize the disclosure to Agua SUD personnel. I understand that my identity will be kept confidential to the maximum extent possible consistent with applicable law and a fair determination of my complaint.**

\_\_\_\_\_  
Signature of Complainant/Date

\_\_\_\_\_  
Agua SUD Representative

Action taken by supervisor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor