



CHCID Complaint Form

Name: _____ Date: _____

Address: _____ Block/Lot# _____

Home: _____ Cell: _____ E-mail: _____

☐ Irrigation

☐ Domestic

☐ Customer Service

☐ Board Relations

☐ Other

Complaint: _____

Complaint Received By: _____

Reviewed By: _____

Follow Through/Resolution: _____

Customer Notified On: _____ By: _____

Method: ☐ Phone ☐ Letter ☐ Fax ☐ E-Mail ☐ Other _____

Resolved By: _____

Manager Approval: _____

Complaint Closed On: _____