



# STORM WATER COMPLAINT FORM

## COMPLAINT FORM SUBMITTED BY

Name:	<input type="checkbox"/> Anonymous
Date:	
Address:	
Telephone:	
Email:	
Should we contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## LOCATION OF COMPLAINT

Site Name (Project):	Construction Site ID No:
Address/Location:	
Landowner Name:	

## DESCRIPTION OF COMPLAINT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Automobiles (fluid leak, car washing)	<input type="checkbox"/> Storm Water Management (flooding, pond maintenance)
<input type="checkbox"/> Pet Waste	<input type="checkbox"/> Illicit Discharge (spill/ hazardous material)
<input type="checkbox"/> Household Hazardous Waste (dumping)	<input type="checkbox"/> Illicit Discharge (improper waste disposal)
<input type="checkbox"/> Household Practices (garbage, recycling)	<input type="checkbox"/> Illicit Discharge (dry weather flow / discharge)
<input type="checkbox"/> Fertilizers & Pesticides	<input type="checkbox"/> Illicit Discharge (illegal plumbing connection)
<input type="checkbox"/> Leaves & Grass Clippings	<input type="checkbox"/> Illicit Discharge (failing lateral/ septic system)

<input type="checkbox"/> Stream & Shoreline Management (erosion)	<input type="checkbox"/> Street Sweeping / Catch Basin Cleaning
<input type="checkbox"/> Residential (downspouts, sump pump)	<input type="checkbox"/> Municipal Road Salt & Other Deicers
<input type="checkbox"/> Construction Site Erosion Control	<input type="checkbox"/> Other:

Describe complaint:

**FOLLOW-UP ACTIONS**

Describe follow-up actions:

If you see a possible violation or have a stormwater complaint, please use this form to submit the information to the City of Kaukauna. For an emergency or issue that may endanger life or limb, please call 911 or the City Engineering Department at 920.766.6305.

