

BARBADOS WATER AUTHORITY

Customer Complaint Form



Account Number: _____ Date Received: _____

Account Name: _____

Complainant's Name: _____

Tel Numbers: _____ (home) _____ (work) _____ (cell)

Service Address/Location: _____

Directions: _____

Problem: High Consumption Leaking Meter Other _____

Complaint/Problem: _____

CS Rep: _____ CS Supervisor: _____ Date Issued: _____

FOR INSPECTOR ONLY

Date Form Received: _____

Findings: _____

Inspected by: _____ Date: _____

Customer's Signature: _____ Date: _____