



COMPLAINT FORM

Complaint Received By: _____

Date: _____ Time: _____

Customer Filing Complaint: _____

Phone: _____

Address: _____

Nature of Complaint: _____

Additional Comments: _____

Tel: (869) 465-8000

Fax: (869) 466-7901
Website: www.water.gov.kn

E-mail : wdskn@sisterisles.kn