



## ENVIRONMENTAL INCIDENT REPORTING FORM (Emission, Noise, Odour, Dust, Spill)

<b>Community Member information</b>	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last name: _____
First name: _____	
Address: _____	Postal Code: _____
Email: _____	Telephone: _____
Ward 3 <input type="checkbox"/> Ward _____ <input type="checkbox"/>	
If complaint is in Ward 3, do we have your permission to forward this form to the Ward 3 Councilor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Incident information – to be completed by community member</b>	
Type of incident:    emission <input type="checkbox"/> noise <input type="checkbox"/> odour <input type="checkbox"/> dust <input type="checkbox"/> spill <input type="checkbox"/>	
Date of incident: _____	Weather conditions: _____
Time of incident: _____	Wind Direction: _____
Description of Incident (include any photos if possible):   	
<b>Response – to be completed by HIEA administration</b>	
Company: _____	Time submitted: _____
<b>Response – to be completed by HIEA member company</b>	
Assigned to: _____	Time received: _____
Description of investigation:   	
Possible cause:   	
Description of actions to be taken:   	
Response to community member: _____	Possible completion date: _____