

Complaint Form

JM Envirofuels Barry Limited FACILITY COMPLAINT FORM	
Time and date of complaint:	
Name of complainant:	
Address of complainant:	
Telephone No of complainant:	

Date and time when complaint detected	
Location	
Weather conditions (e.g. dry, wet, foggy)	
Temperature (from weather station)	
Wind strength (from weather station)	
Wind direction (from weather station)	
Complainants description	
- description of the type of odour	
- intensity (1 – not detectable, 5 very strong)	
- duration	
- constant or intermittent	
- other information on odour	
Have any other complaints been made	
Any other relevant information	
Define likelihood of complaint occurring at your site	
What activities were being carried out at the time of the complaint?	
Describe the remedial action taken	
Form completed by (sign and date)	

JM Envirofuels Barry Limited FACILITY ODOUR DIARY

Time and date of inspection			
Name of inspector			
Activities being carried out on site			
Locations inspected			
Weather conditions (e.g. dry, wet, foggy)			
Temperature (from weather station)			
Wind strength (from weather station)			
Wind direction (from weather station)			
Odour characteristics			
- description of the type of odour			
- intensity (1 – not detectable, 5 very strong)			
- duration			
- constant or intermittent			
- other information on odour			
Have any other complaints been made			
Any other relevant information			
Define likelihood of odour occurring at your site			
Describe any the remedial action taken			
Form completed by (sign and date)			

Complaint, Actions and Outcome Record Sheet

Complainant

Record name, or 'withheld' if requested but not given by complainant, or 'not supplied' if was not requested by person receiving the complaint.

Name of person	
Organisation name	
Address	
Telephone	
Fax	
E-mail	

Complaint about

Organisation name	
Wood process location	
Grades	
Other materials	

Nature and record of complaint

<p>Product / Service / Action / Document / Other (describe):</p> <p>Person who used / expected it:</p> <p>Date used / expected:</p> <p>Nature of the deficiency:</p>
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Complaint number: __ __ __

Complaint handled by

Name of person	
Role	
Received by	Letter / email / telephone / fax / meeting
Date received	

Actions and issues being investigated

[Record details of any another organisation / external person involved, if applicable.
Add more action rows if necessary.]

Action 1 (description)	
Action by (name of person)	
Date by	
Action 2 (description)	
Action by (name of person)	
Date by	
Action 3 (description)	
Action by (name of person)	
Date by	

Outcome

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Communicated to

Date complainant notified	
Date any other relevant parties notified	
Names of any other relevant parties (for each, state person and organisation)	

Keep a copy of this record file with it any other documents associated with the complaint, actions taken and the outcome.