

COMPLAINT Incident Report For

Waste Management Division, Grand Rapids District Office

DATE:	<input type="text" value="4/18/1987"/>	COMPLAINT NO:	<input type="text" value="711"/>
TIME:	<input type="text" value="9:15 AM"/>	PEAS NO:	<input type="text" value="393-87"/>
COUNTY:	<input type="text" value="Kent"/>	RECEIVED BY:	<input type="text" value="RCW"/>
TYPE:	<input type="text" value="HW"/>	REFERRED BY:	<input type="text"/>
		WMD STAFF ASSIGNED:	<input type="text"/>
		REFERRED TO:	<input type="text"/>

COMPLAINANT:
ADDRESS:
CPHONE:

FACILITY:
FADDRESS:
FPHONE:

BRIEF DESCRIPTION:
DATE OBSERVED:
CTIME:

COMPLAINT:

FOLLOW-UP:

NOTES: