

Form 7: Complaint Summary Form

Reporting Period: 11/1/___ to 3/31/___ 4/1/___ to 10/31/___

Permittee Name: _____ Permit No.: AQ _____

Facility Name: _____

Number of Complaints Received:	
Number of Times Corrective Actions were Found Necessary:	
Number of Times Corrective Action was Taken Within 24 hours:	

Status of corrective actions deemed necessary that were not taken within 24 hours:

Comments:
