



**NAVAJO NATION ENVIRONMENTAL PROTECTION AGENCY
COMPLAINT RECORD FORM**

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GENERAL INFORMATION

1. Date Complaint Received: _____
2. Time Complaint Received: _____
3. Complaint Received by: _____
4. Date of Incident: _____
5. Time of Incident: _____
6. Location of Incident: a) Town _____ State _____
7. Responsible Party: _____
8. Reporting Person: _____
9. Reporting Person's Telephone Number: _____
10. Reporting Person's Address: _____ State: _____ Zip Code: _____

AIR

1. Type of Complaint:

<input type="checkbox"/> Open Burning	<input type="checkbox"/> Smoke /Emissions
<input type="checkbox"/> Fugitive Dust	<input type="checkbox"/> Other: _____
2. Source of Complaint:

<input type="checkbox"/> Residential	<input type="checkbox"/> Construction	<input type="checkbox"/> Office
<input type="checkbox"/> School	<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Hospital
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other: _____	

WASTE

1. Type of Complaint:

<input type="checkbox"/> Open Dumping	<input type="checkbox"/> Collection	<input type="checkbox"/> Storage
<input type="checkbox"/> Littering	<input type="checkbox"/> Spill	<input type="checkbox"/> Burning
<input type="checkbox"/> Residential	<input type="checkbox"/> Construction	<input type="checkbox"/> Office
<input type="checkbox"/> Other: _____		
2. Source of Complaint:

<input type="checkbox"/> Residential	<input type="checkbox"/> Construction	<input type="checkbox"/> Office
<input type="checkbox"/> School	<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Hospital
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other: _____	
3. Spill:
 - a) Type of Spill: _____
 - b) Amount of Spill: _____
 - c) Who is handling clean up? _____
 - d) How is clean up being handled? _____

WATER

1. Type of Complaint:

<input type="checkbox"/> 401/404 – Unauthorized projects in waterways	<input type="checkbox"/> Contaminated water source
<input type="checkbox"/> Dumping in a waterway	<input type="checkbox"/> Spill in waterway
<input type="checkbox"/> Discharge into water	<input type="checkbox"/> Other: _____

STATEMENT OF FACTS: _____

(Please use the back for additional space)