

Construction & Demolition Debris Facility - Facility: _____
Log of Odor Complaints
Complaint Form

Date Complaint Received: _____ Time Complaint Received: _____ Received by: _____
 Name of Person Submitting Complaint: _____
 Affiliation of Person Submitting Complaint: _____

Date Odor Experienced: _____ Time Odor Experienced: _____
 Location Where Odor Experienced: _____
 Description of Odor: _____
 Additional Remarks: _____

<p>Description of Investigation Conducted by Owner/Operator in Response to Complaint:</p>	<p>Description of Response to Reduce or Eliminate Odor:</p>
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Signature of Person Completing This Form _____	Printed Name of Person Completing This Form _____
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This Log of Odor Complaints should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.