

**CITIZEN COMPLAINT  
ILLCIT DISCHARGE REPORTING FORM**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time Discharge Discovered:** \_\_\_\_\_

**Date of Last Rain Event:** \_\_\_\_\_ **Estimated Quantity of Rain:** \_\_\_\_\_ **in.**

**LOCATION OF DISCHARGE (indicate nearby street intersections, addresses, and/or landmarks for reference):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WHERE WAS DISCHARGE FOUND?**    OPEN DITCH    STREAM    PIPE OUTFALL    OTHER:

\_\_\_\_\_  
\_\_\_\_\_

**WAS WATER FLOW OBSERVED?**                          NO                  YES

**WAS FLOW SOLID OR PULSING?**                          SOLID                  PULSING

**WAS A PHOTO TAKEN?**    NO                  YES    (Please attach a copy to form)

**ODOR:**    NONE    MUSTY    SEWAGE    ROTTEN EGGS    SOUR MILK

OTHER: \_\_\_\_\_

**COLOR:**    CLEAR    RED    YELLOW    BROWN    GREEN    GREY

OTHER: \_\_\_\_\_

**CLARITY:**    CLEAR    CLOUDY    OPAQUE

**WAS THERE AN:**                  OILY SHEEN                  YES                  NO

                                        GARBAGE/SEWAGE                  YES                  NO

OTHER: \_\_\_\_\_

**ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_