

Complaint No.	
To be completed by	Office of Enforcement

Operator Certification Complaint Form

Office of Enforcement (OE)

COMPLAINTANT

Complainant:		Title	Agend	Agency (if applicable):			
Address: _	(Street address)	(Suite/Room)	(City)	(State)	(Zip)	(Country)	
Telephone:)	(Home)	(Cell)		(Email)		
•	rish to maintain co	onfidentiality to extend		No May we	` ,		
Alleged Violator:		ALLEGED V		itle:			
Address (if known):			'				
Facility Name:							
Location/Address:							
Certificates: Mark all that apply	☐ Drinking Wate	er Distribution 🔲 🛭	Orinking Water Tre	atment 🗌	Wastewa	ter	
Date(s) of Alleged \	√iolation(s):	ALLEGA	TION				
Summary of Compl	aint:					-	
Imminent Public He	ealth or Safety Is	sue? Yes No	If yes, please ex	plain:			
Alleged Violator(s):	☐ Operator [Contract Operator	☐ Operator-In-T	raining 🗌	Owner	Other	
Potential Violation T		ermit	-	-	_	Contract Op.	
Regional Board (RE	3) or Division of I	Orinking Water (DDW)) Office:				
RB or DDW Staff C	ontact:		Telephone:				
Outrosit the afamous to					44 5004\ (D) 41	

Submit the form to any of the following: 1) OE (email siu@waterboards.ca.gov or fax 916-341-5284); 2) the Wastewater Operator Certification Program (email wwopcertprogram@waterboards.ca.gov or fax 916-341-5734); 3) the Drinking Water Operator Certification Program (email dwopcertprogram@waterboards.ca.gov or fax 916-449-5654).

Confidentiality Disclaimer:

Complainants wishing to keep identities confidential will be accommodated within the limits of the law. In order to follow up on your complaint, the State Water Board may need to share the information you give us with other regulators or government agencies. This may include sharing any personal information you include in your complaint. The information you provide may also be disclosed in the following circumstances:

- a.) In response to a Public Records Act request, as allowed by the California Public Records Act;
- b.) To another government agency as required by state or federal law;
- c.) In response to a court or administrative order, a subpoena, or a search warrant; or
- d.) In a final enforcement action, if we need your information to substantiate a violation.

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Date/Time Received:	/		Receive	ed by:	
Complaint Method: Telephone	e ☐ Mail	☐ E-Mail	☐ Meeting	☐ Field Trip	☐ Other
Investigator assigned to case: _					
Name of person who filled out abo	ove compla	int form: _			
☐ Complainant ☐ OOC	□oF	☐ Other			