



MAINE CDC DRINKING WATER PROGRAM
Department of Health & Human Services

286 Water Street, Augusta ME 04333
 www.medwp.com • (207) 287-2070 • TTY: 711



Appendix A
Operator Referral Form

Board of Licensure of Water System Operators

11 State House Station
 Augusta, Maine 04333-0011
 Ph: (207) 287-2070

Received:	Operator ID #: OP
Entered:	Docket #:
	By:

Complaint Against a Licensed Water Operator

Please refer to the Water Operator Board's Procedure for Filing a Complaint Against a Water System Operator

Complaint Submitted By

Name	
Address	
Daytime Phone	
Evening Phone	
Email	
Other Contact	

Complaint Filed Against

Name	
Address	
Business Name	
Business Address	
Daytime Phone	
Evening Phone	
Email	

Reason for Complaint

Please check the box(es) below leading to this complaint. Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Lack of Maintenance | <input type="checkbox"/> Violating Rule or Statute |
| <input type="checkbox"/> Commission of a Crime | <input type="checkbox"/> False or Misleading Statements |
| <input type="checkbox"/> Falsification of Records / Credentials | <input type="checkbox"/> Selective or Tampering with Sample |
| <input type="checkbox"/> Coercion / Bribery / Extortion | <input type="checkbox"/> Failure to Use Proper Process Control |
| <input type="checkbox"/> Dangerous Acts / Failure to Report Environmental Damage | |
| <input type="checkbox"/> Negligence / Incompetence / Inability to Properly Perform Operator Duties | |

Description of Event(s) Causing This Complaint

Including date(s), list your specific observations below (indicate site visit, inspection, phone call, email, report, violation, etc.). If you need more space, please attach additional pages.

Date	Event

Attach copies of any supporting letters, reports, records, emails, violations or other written materials that support the complaint, show that the operator received notice of an issue, or clarifies the description above. List persons that may corroborate the complaint.

Authorization for Release of Records and Referral of Complaint

My signature on this form authorizes the Board of Licensure of Water System Operators to (1) receive copies of all medical, dental, and mental health records relating to my complaint; & (2) refer my complaint to other appropriate law enforcement authorities to investigate the operator's actions and/or prosecute the operator, based on this complaint.

All complaints are investigated to determine their factual basis, which may include an investigation by the Maine Office of the Attorney General. The act of filing a complaint does not assure or imply that disciplinary action will be taken against the operator.

I attest that the information provided is true, correct, and complete, to the best of my knowledge.

Complainant Signature

Date

The complainant will receive an acknowledgment letter and correspondence related to this issue from the Board investigation.