



REGULATORY SERVICES COMPLAINT FORM
WSSC Water Regulatory Services Division
14501 Sweitzer Ln., Laurel MD 20707

Email This Form and All Supporting Documents

To: regulatorycomplaints@wsscwater.com

Questions call: 301-206-4004

Regulatory Services Official Use Only
Date Received:
Processed By:
Case Number:
Routed To:
Date Routed:

Contractor/Inspection Issue Plan Review Issue Permit Issue Other

Complainant's Name: First - MI - Last:

Complaint Against - Name of Company/Individual:

Street Address:

Street Address:

City:

County:

City:

County:

State:

Zip Code:

State:

Zip Code:

Phone Number:

Alternate Phone Number:

Phone Number:

Alternate Phone Number:

Email:

Email:

Did you enter into a contract?

YES

NO

Date of contract:

Date work started:

Date work was completed:

Was Contract Written or Verbal?

With whom did you enter into contract?

Company/Contractor
WSSC License Number:

Person performing work
WSSC License Number:

Name of Person who actually did the work; provide both first and last name:

WSSC Permit #:

Plan Review # If Applicable:

Please give a detailed explanation of your complaint in the order in which it occurred and attach to your email any and all supporting documents, (i.e. copy of signed contract, proof of payment, work order tickets, pictures). Do NOT include sensitive personal data such as credit card numbers, bank account numbers, etc. Continue on separate sheet of paper if necessary.

I SOLEMNLY SWEAR OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS COMPLAINT FORM, INCLUDING ANY ATTACHMENTS, ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF COMPLAINANT

Date: