

# Vaughn Cascade County Water & Sewer



1161 6<sup>th</sup> Ave, Vaughn, MT 59487  
ph. 406-964-8880

## Customer Complaint Form

We strive to provide you with the highest level of service at all times. If this has not been the case, or if we have not handled something to your satisfaction, please detail your concerns below.

### Your details

Title (Mr/Mrs/Ms/Miss)                      First name                      Surname

Account holder's name (if different from above)

Account number (if available)

Account address

Preferred contact phone number

Email address

I do not wish for Vaughn Water & Sewer District to contact me regarding any promotional or marketing activities (please check box)

### Category

Please tick the box which best reflects the issue:

- Billing and accounts
- Connection
- Disconnection
- Reconnection
- Other matters
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### The issue

Please tell us clearly where we failed to meet your expectations. Add extra pages if necessary, and attach copies of relevant documents such as letters, bills, etc.

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## Previous contact

Where possible, please provide names and times of discussions held with Synergy people:

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## What was the result of your discussions?

Please provide details of the outcome or further course of action:

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## Your expectation

Please indicate what you would like to see happen to resolve your complaint or improve our service in the future:

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Signature

Date

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We will provide you with a written acknowledgment within 10 working days. In the meantime, should you have any further queries whilst your complaint is being processed, please do not hesitate to contact us at

406-964-8880

For VWS use	Acknowledgement	Reply
Date received	Due date	Due date
	Date sent	Date sent
	DMS#	DMS#
	Prepared by	Prepared by