



# MS4 PUBLIC COMPLAINT FORM

Merrillville Stormwater Utility • 7404 Broadway • Merrillville, IN 46410  
Phone: (219) 472-8668 • Fax: (219) 472-8670

**RECEIVED:**

Date:	
Time:	

**COMPLAINANT INFORMATION:**

Name:	
Address:	
Phone #:	

**NATURE OF CONCERN:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> MCM 3 - Suspected Illicit Discharge | <input type="checkbox"/> Wetland Disturbance     | <input type="checkbox"/> Stormwater Permit Question   |
| <input type="checkbox"/> MCM 4 - Erosion & Sediment Control  | <input type="checkbox"/> Flooding/Drainage Issue | <input type="checkbox"/> MCM 2 - Request to Volunteer |
| <input type="checkbox"/> MCM 5 - Detention Pond Issue        | <input type="checkbox"/> Stormwater Fee Question | <input type="checkbox"/> Sanitary cross-connection    |
| <input type="checkbox"/> Request MS4 Technical Assistance    | <input type="checkbox"/> Regulated Drain Issue   | <input type="checkbox"/> General MS4 Question         |
| <input type="checkbox"/> Damaged Infrastructure              | <input type="checkbox"/> Sump Pump Discharge     | <input type="checkbox"/> Other _____                  |

**DESCRIPTION OF CONCERN:**

Specific Location:	
Description: <i>Please provide written statement of concern below and desired outcome. Also include pictures and maps if available. Utilize back side of this form or attach additional pages as needed.</i>	

*Below Completed by SW Executive Director or appointee:*

**REFERRED TO:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> SW Executive Director | <input type="checkbox"/> Public Works Director       | <input type="checkbox"/> Planning/Zoning Director | <input type="checkbox"/> Lake Co. Solid Waste |
| <input type="checkbox"/> SW Compliance Officer | <input type="checkbox"/> Public Works Superintendent | <input type="checkbox"/> Building Inspector       | <input type="checkbox"/> IN/AM Water          |
| <input type="checkbox"/> SW Crew               | <input type="checkbox"/> Fire Dept.                  | <input type="checkbox"/> Code Enforcement         | <input type="checkbox"/> Utilities Inc.       |
| <input type="checkbox"/> SW Attorney           | <input type="checkbox"/> Engineering Consultants     | <input type="checkbox"/> Parks Dept.              | <input type="checkbox"/> IHCD                 |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Fire Dept.                  | <input type="checkbox"/> MCD                      | <input type="checkbox"/> GSD                  |

**RESPONSE**

- Further Investigation Required
- Issue Resolved (file)
- Referred to Other Entity \_\_\_\_\_

*Form revision date: 6/17/14*