



REQUESTS / COMPLAINT FORM				Water Point Number			
Request Number						Date of Request	
Location Name						GPS Reading	S: E:
1. General Details							
Request Received From:				If Community or other, Name, Position & Address:			
<input type="checkbox"/> Community <input type="checkbox"/> Maintenance <input type="checkbox"/> Extension <input type="checkbox"/> Inspection <input type="checkbox"/> Regional Head <input type="checkbox"/> Other							
Request Received For:				Repair:			
<input type="checkbox"/> Extension <input type="checkbox"/> Tanker Delivery				<input type="checkbox"/> Maintenance - Mechanical <input type="checkbox"/> Maintenance - Civil <input type="checkbox"/> Maintenance - Pipeline <input type="checkbox"/> Maintenance - Electrical			
<input type="checkbox"/> Collect Materials (Section 2) <input type="checkbox"/> WR Equipment Repair (Section 3) <input type="checkbox"/> Other Equipment Repair (Section 3)							
Detail of Problem Reported							
Reported By: Date		Name		Signed			
2. Material List							
Part Number		All Material Issued				Quantity	
						Returned	Collected
Received By: Date		Name		Signed			
3. WR Equipment Brought in for Repair							
Type of Equipment				WR Number		Serial Number	
						Brought in or Collected	
Delivered By: Date		Name		Signed			
Completed: Date		Name		Signed			
This is a long term problem which will be resolved with the Rehabilitation Programme						YES / NO	
Checked: Date		Name		Signed			
Entered: Date		Name		Signed			