

**VILLAGE OF BLOOMINGTON**  
**TRASH & RECYCLING SERVICE COMPLAINT FORM**

**Date Submitted:** \_\_\_\_\_

**Resident Information**

**Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

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**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Type of Complaint**

(Check all that apply)

- Trash was not picked up
  - Recycling was not picked up
  - Pick-up occurred later than scheduled
  - Cart/Toter was damaged
  - Cart/Toter was not returned to proper location
  - Debris/trash was left behind
  - Property damage occurred
  - Missed special collection
  - Other (please describe): \_\_\_\_\_
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**Collection Information**

**Scheduled Collection Date:** \_\_\_\_\_

**Approximate Time Issue Was Observed:** \_\_\_\_\_

Was your cart/toter placed at the curb by 6:00 a.m. on the scheduled collection day?

Yes

No

Was the cart/toter accessible and free from obstructions (vehicles, snowbanks, construction materials, etc.)?

Yes

No

If no, please explain:

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**Description of Complaint**

Please provide as much detail as possible regarding the issue:

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**Damage Information (if applicable)**

Was any property damaged?

Yes

No

If yes, describe the damage:

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Estimated cost of damage (if known): \$ \_\_\_\_\_

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### Photos

Have photos been taken of the issue?

Yes (please attach)

No

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### Previous Complaints

Have you reported this issue before?

Yes

No

If yes, when? \_\_\_\_\_

How was the issue reported?

Phone

Email

In Person

Other: \_\_\_\_\_

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### Resident Certification

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Important Notice

Residents are encouraged to report missed collections, damaged carts, property damage, or other service issues within **24 hours** of the scheduled collection date whenever possible.

Supporting photographs are strongly encouraged and may assist in resolving complaints.

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**Village Use Only**

Date Complaint Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Complaint Number (if applicable): \_\_\_\_\_

Complaint Forwarded to Contractor:  Yes  No

Date Forwarded: \_\_\_\_\_

Contractor Response Received:  Yes  No

Date Response Received: \_\_\_\_\_

Resolution/Corrective Action:

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Resident Notified of Resolution:  Yes  No

Date Resident Notified: \_\_\_\_\_

Complaint Closed:  Yes  No

Staff Initials: \_\_\_\_\_