



201-3833 Henning Drive  
Burnaby, BC V5C 6N5  
eocp@eocp.ca  
www.eocp.ca  
T 604.874.4784 F 604.874.4794  
Toll Free 1.866.552.EOCP

## EOCP Complaint Intake Form - Operator

1	<b>Date:</b>
2	<b>Your contact information</b>  Name:  Address:  Phone:  Email:
3	<b>Name of EOCP certified Operator you are submitting a complaint about:</b>
4	<b>Are you an EOCP certified Operator?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
5	<b>Is your concern about a certified Operator's conduct that could cause (or is causing) significant harm to public health or the environment?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
6	<b>Which of the fundamentals outlined in the <a href="#">Code of Ethics and Standards of Practice for Environmental Operators</a> is/are being violated?</b>

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**Please provide details on your concern/s including where and when the problem occurred, the circumstances, and the names of those involved. You may also submit your response as an attachment, if you prefer, along with supporting materials and documents:**

Please send the completed form to:

[Ombudsperson Committee](#)

Environmental Operators Certification Program

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