



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 - Staff

1	Date:
2	Your contact information Name: Address: Phone: Email:
3	Name of EOCP staff member you are submitting a complaint about:
4	Are you an EOCP certified Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	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:

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Please send the completed form to:

[Kalpna Solanki, President and Chief Executive Officer](#)

Environmental Operators Certification Program

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