

Utilities Service Protection Center of Delmarva, Inc.

Reported by: _____		Date: _____	USPCD Incident Report Case No: _____	
Name: _____		Contact #: _____		
Company: _____		Fax #: _____		
Address: _____		E-mail: _____		
Complaint Against		Contact Person: _____		
Company: _____		Contact #: _____		
Address: _____		Fax #: _____		
City: _____		E-mail: _____		
State: _____		_____		
Type of Problem: Please check appropriate box				
Excavator: <input type="checkbox"/>	Failure to Notify <input type="checkbox"/>	Failure to Wait Required Time <input type="checkbox"/>		
	Short Notice/False Emergency <input type="checkbox"/>	Failure to Report Damage <input type="checkbox"/>		
Utility Co. <input type="checkbox"/>	No Response <input type="checkbox"/>	Late Response <input type="checkbox"/>	Bad Locate <input type="checkbox"/>	
Call Center <input type="checkbox"/>	Improper Tkt. <input type="checkbox"/>	No Tkt. / Tkt. Not Sent <input type="checkbox"/>		
Specify section(s) in Delaware Law in which violation(s) occurred: _____				
Details Please check appropriate box or fill in space				
Facility Damaged	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
Type of Facility:	Electric <input type="checkbox"/>	Gas/Oil <input type="checkbox"/>	Telephone <input type="checkbox"/>	Water <input type="checkbox"/>
	Cable TV <input type="checkbox"/>	Other <input type="checkbox"/>	please explain: _____	
Was the Facility owner Notified of Damage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When: _____	
Date of Incident: _____	Time of Incident: _____	Locate Ticket # _____		
Incident Location: _____	911 Address: _____			
Cross Street: _____				
City or Town: _____		County: _____		
Map page: _____		Grid: _____		
Excavation Equipment:	Mechanized <input type="checkbox"/>	Hand Digging <input type="checkbox"/>	Other: _____	
Depth of Planned Excavation: _____	Depth of Damaged Facility: _____			
Right of Way:	Public <input type="checkbox"/>	Private <input type="checkbox"/>		
Were lines Located?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Date locate ticket cleared: _____				
Signature of Person Filing Complaint:				
Name: _____		Phone: _____		
Title: _____		Email: _____		
Signature: _____		Date: _____		



Sketch: Attach any documents & photo's to help support your complaint. Please be as accurate as possible using fixed land marks, Direction of North, distance of locate marks from incident, location of facility, and direction of planned excavation.

