



MISS DIG Complaint Form

Utility Company _____

COMPLAINT:

Date Completed: _____

- | | |
|--|---|
| <input type="checkbox"/> No staking/locating | <input type="checkbox"/> Improper staking/locating |
| <input type="checkbox"/> Late staking/locating | <input type="checkbox"/> MISS DIG phone lines busy |
| <input type="checkbox"/> Multiple facilities not indicated | <input type="checkbox"/> Not notified about abandoned lines |
| <input type="checkbox"/> Untimely damage response time | <input type="checkbox"/> Utility representative uncooperative |
| <input type="checkbox"/> Utilities not at minimum depth/unusually deep | <input type="checkbox"/> Utilities in concrete |

EXPLANATION:

Company Name: _____ **Date:** _____

Company Phone: _____

Contact Name: _____

Job Location: _____ **MISS DIG #:** _____

UTILITY RESPONSE:

Date Completed: _____

Please use this form to help MITA track MISS DIG/utility problems. Make copies from this original and fax all completed forms to the office at (517) 347-8344.