



AFA-CWA Airline Drinking Water/Sanitation Complaint Form



Reporter(s): _____ Date: _____

Address: _____ Telephone: _____

Email: _____

Flight Details

Airline: _____ Domicile: _____ Flight Number: _____

Airplane Tail #: _____ Flight Date: _____

Departing Airport: _____ Stopover Airports: _____

Arriving Airport: _____

Medical Complaint

Symptoms: _____

Date Symptoms First Appeared: _____ # of Days in Place of Departure: _____

Complainant's Stated Source of Infection: _____

Doctor Consulted? Yes No Test Results Available? Yes No

Tests Given: _____

Doctors Diagnosis: _____

Treatment Prescribed? Yes No Describe: _____

Other Potential Routes for Infection/Illness (Food or beverages consumed?): _____

Other Affected Parties? _____

Comments (Any susceptibility to motion sickness, any turbulence?): _____



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Potable Water/Water System/Sanitation Complaint

Description of Complaint: _____

Water System: On Off Warning Placards: Yes No

Location Where Water is Off/Placards Located: _____

Airline Served Bottle Water: Yes No Coffee/Tea Made with Bottled Water: Yes No Don't Know

Hand Sanitizer Available: _____

Comments: _____

Please return completed forms to the AFA-CWA Air Safety, Health and Security Department:

by fax to 202-434-1105

or by mail to

AFA-CWA Air Safety, Health and Security Dept.
Attn: Water/Sanitation Complaint
501 Third Street NW 2nd Floor
Washington, DC 20001