

CITIZEN COMPLAINT/CONCERN FORM

Citizen Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

Address of complaint or concern \_\_\_\_\_

Complaint or concern (Be specific and include all details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Internal Use Only

Taken by \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up with Citizen Date \_\_\_\_\_

Method of follow-up \_\_\_\_\_