COMMUNITY COMPLAINT FORM

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONCERN/COMPLAINT:

SUGGESTED RESOLUTION:

--------------------------------------------------------FOR OFFICE USE ONLY-----------------------------------------------------

CITY ACTION TO RESOLVE: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_