



Citizen Concern/Suggestion Form

REPORTING PERSON (LAST, FIRST, MIDDLE)		DOB
RESIDENCE ADDRESS		TELEPHONE
<input type="checkbox"/> Please check here if you wish to be contacted in regards to your concern.		
NAME OF EMPLOYEE (IF APPLICABLE)		TYPE OF CONCERN
DETAILS OF CONCERN OR SUGGESTION —It is important to include as many factual details as possible so the incident may be fully investigated. Please use the reverse side if necessary.		
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT
I certify the above statements to be true and accurate to the best of my knowledge.		
SIGNATURE OF REPORTING PERSON		
SIGNATURE OF CITY PERSONNEL RECEIVING COMPLAINT		DATE