



CITIZEN CONCERN FORM

Date: _____

Address of Concern: _____

Name of Offender: _____

Reporter: _____

Received By: _____

Nature of Concern: _____

OFFICE USE ONLY

.....
Department: _____

Assigned To: _____

Response Date: _____

Action Taken: _____

Letter Sent to Address Stated Above YES NO

Letter Personally Delivered to Offender Stated Above YES NO

Follow Up Date: _____ Resolution Date: _____

Resolved By: _____