



# Concern Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Concern:

## Office Use Only

Concern submitted to:

- |  |                                |                                     |  |                                      |
|--|--------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Clerk | <input type="checkbox"/> Treasurer  | <input type="checkbox"/> Police Dept.    | <input type="checkbox"/> Zoning      |
| <input type="checkbox"/> Streets       | <input type="checkbox"/> Water | <input type="checkbox"/> Wastewater | <input type="checkbox"/> Utility Billing | <input type="checkbox"/> Parks / Rec |

Concern solution: \_\_\_\_\_

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

Was person filing concern contacted?  Yes  No Why not? \_\_\_\_\_

Staff recording/receiving concern: \_\_\_\_\_

Compliance date: Date: \_\_\_\_\_

Concern resolved/closed: Date: \_\_\_\_\_

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date