

CONCERN FORM

DATE: _____

NAME: _____

PHONE: _____

CONCERN(S)

#1. _____

#2. _____

#3. _____

DESCRIBE CONCERN(S)

(WHAT HAPPENED?) _____

(WHO DID IT?) _____

(WHY IS IT A PROBLEM?) _____

(WHEN DID IT HAPPEN?) _____

HAVE YOU ATTEMPTED TO SOLVE/MEDIATE THE CONCERN?

YES _____ NO _____

HOW CAN THE CITY HELP SOLVE THE CONCERN? _____

ARE YOU WILLING TO PRESENT YOUR CONCERN AT A CITY COUNCIL MEETING? YES _____ NO _____

CITY ORDINANCE(S) VIOLATED IF ANY? _____

CITY COUNCIL ACTION TAKEN, IF ANY? _____
