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? ____________________________________________