

# Freeport Park District

## Citizen Complaint Form/Service Request Form

Citizen's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who followed up with Citizen: \_\_\_\_\_ Date: \_\_\_\_\_

Citizen's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date