Village of Clarks
Citizen Concern Form

Your Information

Name _____

Residential address _____

Postal address _____

Phone Number _____ Email address _____

Concern Details

Date of Incident _____ Time _____

Location of Incident _____

Who/what is the subject of your concern or complaint? _____

DETAILED summary of your concern or complaint_____

_____

_____

_____

Witness Details *(If applicable)*

Name of witness(es) _____

Address _____

Phone Number of witness _____

Concern Outcome

How would you like this issue resolved? _____

_____

_____

_____

Signature of Concerned Citizen

****

Action taken by City

_____

_____

_____