



CITY OF REEDSPORT
CITIZEN CONCERN FORM

Name: _____ Date: _____

Email: _____ Phone: _____

Street address: _____

Mailing address (if different): _____

Location of concern: _____

Concern: _____

Intake person: _____ Date & time: _____

Assigned to: _____ Date: _____

Action taken: _____

Reviewed by: _____ Action date: _____