



BIG CITY ACCESS
SMALL TOWN CHARM

Customer / Citizen Complaint Form

Date _____

(1) Print and Complete the following section:

Name of Person(s): _____

Address: _____

Phone number (Home) _____ **(Cell)** _____

(2) Describe to the best of your ability the nature of this complaint:

(3) Department that can "Best" resolve this matter:

~Police _____ ~Police _____ ~Building/Code Enforcement _____
~Public Property _____ ~Streets and Public Improvements _____
~Clerk Office _____ ~Community Center _____ ~Other _____

(4) Date that you forwarded this to the above indicated department complaint:

(5) Department Head Corrective Action and Response:

Name of Department Head Completing this Report (print name)

****Requestor Signature _____ Date _____

Return Original To: Mayor's Office, contact@forestpark.net

Fax To: 708-488-0361

Mail To: 517 Des Plaines Avenue, Forest Park, IL 60130

Copy: Mayor and Department Head

(Department Head complete the Corrective Action and Response Section, then return copy to Mayor's Office)