

**CITY OF RICHLAND CENTER
CONCERN REPORT FORM**

Name of Person Making Concern (Print)

Date

Address

Telephone

Describe Your Concern. Include Date(s) _____

Signature of Person Making Concern _____

Form given to Mayor or Clerk's Office

Person Receiving Concern Form

Date Received

Department & Person Assigned To the Concern _____

Investigation _____

Action Taken _____

Follow up By: _____

Date _____

Person Contacted _____

Brief Statement of Follow Up Report: _____

