

City of Crescent City
Reporting Form

Report Type:

Reporting Party:

- Suggestion
- Problem/Complaint
- Compliment

Name: _____

Address: _____

Phone: _____

Email: _____

Do you wish to be contacted? Yes

No

Describe the nature of this report:

Location (if applicable):

For Office Use Only

Received By: _____ Date: _____

Resolution: _____

Date Resolved: _____

Follow Up Required? Yes

No

If Yes, describe? _____
