



CITY OF IRRIGON

AN EQUAL OPPURTUNITY PROVIDER

CITIZEN CONCERNS

DATE: _____

FROM: _____

ADDRESS: _____

PHONE: _____

DEPARTMENT: WATER ___ SEWER ___ STREETS ___ PARKS ___ OTHER _____

NATURE OF CALL: PROBLEM ___ COMPLAINT ___ REQUEST ___ OTHER _____

DESCRIPTION OF RESPONSE REQUESTED: _____

CALL TAKEN BY: _____

CORRECTIVE ACTION: _____

ACTION TAKEN BY: _____