



CUSTOMER SERVICE FORM

Public Request/Compliment/Complaint/Suggestion Form

CITY OF FONTANA

**Attention: Human Resources Department
8491 Sierra Avenue, Suite B
Fontana, California 92335
(909) 350-7650 fax (909) 350-6615**

For Citizen's Use. When completed submit to Director of Human Resources

Date: _____

Name: _____ Phone Number: _____

Address: _____

Email: _____

Location or Nature of Concern or Request: _____

Description of Request/Compliment/Complaint/Suggestion: _____

1. Send Customer Service form to: Director of Human Resources, City of Fontana, 8491 Sierra Avenue, Suite B, Fontana, California 92335. This form may also be submitted by fax or email to humanresources@fontanaca.gov.
2. Human Resources Department will acknowledge receipt and route to Lead Department(s) for response.
3. Lead Department(s) will return completed response to the Director of Human Resources.
4. Director of Human Resources will provide response to customer when appropriate.

Received by: _____ Date: _____

(For internal tracking)

Via:

U.S. Mail Phone Over the Counter E-Mail

Lead Department(s):

<input type="checkbox"/> Building & Safety	<input type="checkbox"/> City Clerk	<input type="checkbox"/> City Manager	<input type="checkbox"/> Code Compliance	<input type="checkbox"/> Community Services
<input type="checkbox"/> Development Services	<input type="checkbox"/> Engineering	<input type="checkbox"/> Finance	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Innovation & Technology
<input type="checkbox"/> Planning	<input type="checkbox"/> Police	<input type="checkbox"/> Public Works	<input type="checkbox"/> Other _____	