

**CITY OF FONTANA  
COMMUNITY SERVICES DEPARTMENT**



**CITIZEN COMMENT/INQUIRY REQUEST FORM**

Name Of Citizen filing inquiry/comments: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location/Site incident occurred: \_\_\_\_\_

Description of Comment/Inquiry/Incident: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Citizen Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Form of Response:  Letter     Telephone     Email

Program Supervisor

Division Manager

Department Director

Department File

Location/Site File

Citizen's Copy