

SPECIAL RECREATION SERVICES OF NORTHERN LAKE COUNTY

REQUEST/COMPLAINT FORM

DAY: _____ DATE: _____ TIME: _____

PERSON MAKING REQUEST/COMPLAINT:

NAME _____ PHONE: _____ (HOME)

ADDRESS _____ PHONE: _____ (CELL)

SPECIFIC LOCATION: _____

DESCRIPTION OF REQUEST/COMPLAINT: _____

FOR OFFICE USE ONLY

Taken By: _____

_____ AGENCY

Referred To: _____

_____ AGENCY

ACTION TAKEN: _____

Date Action Completed: _____

Action Completed By: _____