

# Grayslake Community Park District CITIZEN COMMENT FORM

We welcome any suggestions or remarks concerning our parks, programs, facilities or personnel.

**Suggestions/Remarks** (please include date, time, location and any other information provided by citizen. Use the back of this form for additional space).

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Individual's Name: \_\_\_\_\_

Employee Taking Call: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone \_\_\_\_ In Person \_\_\_\_

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

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Given to Director on: \_\_\_\_\_

Reviewed by Director on: \_\_\_\_\_

Referred to (staff member) by Director: \_\_\_\_\_

Date: \_\_\_\_\_

Action/Comment by Employee assigned this Suggestion/Remark: \_\_\_\_\_

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Was citizen notified? \_\_\_\_\_ How? \_\_\_\_\_ By who? \_\_\_\_\_ Date: \_\_\_\_\_

Provided to \_\_\_\_\_ Board/Committee Agenda Date: \_\_\_\_\_

**All notes and other documentation should be attached to this form. Should additional space be needed, please use the back of this form or additional sheets. RETURN TO EXECUTIVE DIRECTOR A.S.A.P. OR WITHIN 48 HOURS OF CITIZEN CONTACT.**