

**SUGGESTION/CONCERN/COMPLAINT FORM  
CITY OF NEWPORT**

No. \_\_\_\_\_

1. Date: \_\_\_\_\_

2. Name of Person Making Suggestion/Concern/Complaint: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

5. Suggestion/Concern/Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Wants contact/callback with results? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Department Suggestion Referred to: \_\_\_\_\_ By: \_\_\_\_\_

\* \* \* \* \*

For city use only. Return to the City Manager's office on completion.

8. Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Incident is (initial one): Closed, no further action: \_\_\_\_\_ Open(See #10). \_\_\_\_\_

10. What Additional Action/Follow-Up is Needed? \_\_\_\_\_  
\_\_\_\_\_

11. Personnel Responding: \_\_\_\_\_

12. Date of reply to Suggestion/Concern/Complaint: \_\_\_\_\_

(Revised 4/1/10)