

City of Redfield Parks and Recreation Department
Comment/Complaint Report

Name of Person Making Comment/Complaint (optional): _____

Date: _____

Descriptions of Comment/Complaint (please include names, dates and places if possible)

Relief Requested, if any (what would you like done about the problem?)

For Office Use Only:

_____ Resolved _____ Not Resolved _____ Needs Follow-up (attach form)

Comments:

Signature of Executive Director _____

Signatures of Board of Directors:
