

CITY OF RIDGECREST
SERVICE/COMPLAINT FORM

Date Received _____

LOG NO. _____

NAME _____ DATE _____			
ADDRESS _____			
PHONE _____	WORK PHONE _____ EMAIL _____		
REQUEST/COMPLAINT			
SERVICE/COMPLAINT LOCATION			
REQUEST FOR FOLLOW UP ACTION TO CITIZEN	YES NO		
CITY USE ONLY			
First Action Referral To: _____	Date _____		
Investigation report and recommendation:			
Second Action Referral To: _____	Date _____		
Investigation report and recommendation:			
Final Action Referral To: _____	Date _____		
Investigation report and recommendation:			
Final Action	Date _____		
FOLLOW UP REPORT TO CITIZEN			
BY: _____	Date _____		
Letter	Phone	Personal Visit	Copy of Form
_____ Signature			