CITIZEN ACTION REQUEST

FORM INSTRUCTIONS

The Citizen Action Request form should be used by any department or employee who receives, or is made aware of, a concern by a citizen. This form is not intended to be used or to replace forms or procedures already in place by either the Police or Fire Departments. Issues involving police or fire should be immediately directed to the Police or Fire Department.

This form is intended for use by the Recreation, Public Service, Water, Ordinance Warden or other Administrative departments of the City.

When receiving an issue or concern, the following steps should be followed:

- 1. Complete the form as much as possible.
- 2. If written issue, attach copies of such, i.e. email.
- 3. Inform the informant that someone will investigate the issue and respond to them within 5 (five) business days, depending on the seriousness of the issue.
- 4. The completed form should be sent to the appropriate department head or designee.
- 5. The department head should attempt to resolve the issue as soon as possible and notify the informant of the resolution.
- 6. Once resolved, a copy of the completed action form must be sent to the City Administrator. **The Administrator will maintain a log of all action forms**.

Action Form #'s will be assigned by the City Administrator's Office. All other information should be completed in full by the originating department.



City of Allen Park CITIZEN ACTION REQUEST FORM

Residents Come First!

					Fo	rm #
Date:	_ Origination	(empl	oyee/dept): _			
Name:						
Address:				_		
Telephone: Work						
Location of Issue:						
Type of Issue:						
☐ Smell ☐ Contractor ☐ RV ☐ Employee ☐ Services ☐ Property Damage						
☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Noise ☐ Sewer ☐ Trees ☐ Misc.						
Nature of Issue:						
ROUTFD						
Ordinance \	Warden		Engineer			DPS
☐ Building Insp	ector		Fire Departme	ent		Police Department
Parks & Rec Department			Other:			
Resolution:						
Follow-up	□ NO □ Y	'ES	Date:	Signe	d:	
Violation Issued	□ NO □ Y	'ES	Date:	Signe	d:	
Completed	□ NO □ Y	'ES	Date:	Signe	d:	

When complete, please forward to the Office of the Administrator