



DEPT OF PUBLIC TRANSFORMATION

Formal Community Grievance Report Form

Today's Date:

Name:

Preferred method of contact and contact information:

When did the incident occur?

Date:

Time:

Where did the incident occur?

Other individuals who have personal knowledge of the event:

Please describe what happened.

Please describe any steps you have taken toward resolution.

Please indicate your proposed solution to the issues outlined above. What would successful resolution look like to you?