



The Village of Rockford encourages you to contact the Village Office if you have a concern, or experience a problem.

We ask that you complete this form within five working days after the incident, problem, or concern first occurred.

Please return to the Village Office as soon as possible.

YOUR NAME \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER WHERE YOU CAN BE REACHED \_\_\_\_\_

**CONCERN INFORMATION:**

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_

PLEASE DESCRIBE THE SPECIFIC INCIDENT OR PROBLEM:

ARE THERE OTHERS WHO HAVE WITNESSED THE INCIDENT OR PROBLEM OR WHO HAVE A SIMILAR CONCERN? IF SO, PLEASE PROVIDE THEIR NAME(S) AND PHONE NUMBERS.

DO YOU HAVE ANY SUGGESTIONS FOR PROPOSED ACTION TO ADDRESS OR RESOLVE THE INCIDENT OR PROBLEM?

DO YOU HAVE ANY ADDITIONAL INFORMATION OR COMMENTS?

(This form is not intended to be seen by the general public.)