

CITY OF FAIRFAX
COMPLAINT/RECOMMENDATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

COMPLAINT/RECOMMENDATION, PLEASE INCLUDE THE ADDRESS OF THE
ISSUE: _____

SIGNATURE: _____

TAKEN BY: _____

REFERRED TO: _____ DATE: _____

ACTION TAKEN:

DATE: _____

FOLLOW UP:

DATE: _____