

**CITY OF QUINCY
CITIZEN RESPONSE FORM**

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

NATURE OF COMPLAINT/SUGGESTION:

COMPLAINT RECEIVED AND RECORDED BY: _____

DATE: _____

RECEIVED BY ADMINISTRATOR (SIGN): _____

DATE: _____

RESPONSIBLE DEPARTMENT HEAD (SIGN): _____

(action to be taken within 24 hours)

DATE: _____

ACTION TAKEN: _____

RETURNED TO ADMINISTRATOR (SIGN): _____

DATE: _____

DATE OF FOLLOW-UP LETTER, CALL, ETC.: _____

EXPLANATION OF ACTION TAKEN: _____

IF THIS COMPLAINT CANNOT BE RESOLVED TO YOUR SATISFACTION BY THE DESIGNATED OFFICIAL: IT WILL BE FORWARDED TO A COMMITTEE APPOINTED BY THE GOVERNING BODY. THIS COMMITTEE'S MEMBERSHIP, ITS GROUND RULES OR PROCEDURES FOR HEARING COMPLAINTS AND HOW THE COMMITTEE CAN BE CONTACTED WILL BE AVAILABLE TO THE PUBLIC. THE COMMITTEE WILL BE DIRECTED TO HEAR SUCH COMPLAINTS IN AN OBJECTIVE, PUBLIC MANNER, AND AFTER ADEQUATE PUBLIC NOTICE. A WRITTEN DECISION WILL BE MADE WITHIN 30 WORKING DAYS. PROCEEDINGS OF THE COMMITTEE WILL BE RECORDED AND MAINTAINED.

A RECORD OF ACTION TAKEN ON EACH COMPLAINT WILL BE MAINTAINED AS A PART OF THE RECORDS OR MINUTES AT EACH LEVEL OF THE COMPLAINT/CONCERN PROCESS.