



CB 9 Constituent Intake Form

Date			
Name			
Address	_____		
	City _____	State _____	Zip _____
Phone Number			
E-mail			
Organization			
Details			
Involving (Org/Co/Business/Resident)			
For Office Use Only			
Service Request #		Processed by (Staff):	
311 Complaint Date / #		311 Close Date / #	
Date of Complaint		Date of Resolution	
Avenue of Report	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (print below)		
Service Request Type	<input type="checkbox"/> Complaint <input type="checkbox"/> Question <input type="checkbox"/> Comment <input type="checkbox"/> Service <input type="checkbox"/> Other (print below)		
Actions Taken			
Who was Contacted			
Additional Notes			