

City of Burlingame Concern Form

Date of Concern: _____

Name: _____

Address: _____

Phone Number: _____

Description of Concern:

Signature: _____

Received by: _____

Original: File

Copy: City Clerk

Copy: Department Head

Concern Form – Response

DEPARTMENT HEAD:

Assigned To: _____

Date: _____

STAFF:

Work Conducted: _____

Date Completed: _____

Signed: _____

CITY CLERK:

Person Contacted: Yes _____ No _____

Date: _____

Method of Contact: _____

Name: _____

Comments: _____

