



City of Naples - Community Services Department

280 Riverside Circle | Naples, Florida 34102
Phone: (239) 213-7120 Fax: (239) 213-7130 Email: events@naplesgov.com

CITIZEN COMPLIMENT/COMPLAINT FORM

TELL US ABOUT IT

Please fill out this citizen compliment/complaint form and mail or bring it to:

Community Services Department
280 Riverside Circle
Naples, Florida 34102

Attention: Department Director

INFORMATION ABOUT YOU

YOUR NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

DAY PHONE: _____

EVENING PHONE: _____

DATE SUBMITTED: _____

INVOLVED EMPLOYEES

Name(s) of involved Community Services Department employees, witnesses, and other involved parties. Please include addresses and telephone numbers, if known.

DETAILS

Please describe your concern, including date, time, location, and case or citation number, if appropriate.
(Use additional sheets of paper if necessary and attach to this form)

Signature of Citizen: _____ **Date:** _____

(Note: If submitting this form electronically, please type your name and date on the corresponding lines above. Also, please review the Electronic Submittal disclaimer below.)

The Department Administration Office will contact you within five (5) business days to obtain a sworn statement of your complaint to initiate a formal Department Investigation into any possible violations of policies, procedures, rules and regulations. The employee's immediate Supervisor or the Division Manager, at the discretion of the Director of Community Services will investigate all complaints.

The employee receiving this form, will make a copy and provide that copy in person or by mail to the complainant. If in person, the complainant shall initial: _____

The Department Administration Office shall notify the City Clerks office of the receipt of a complaint and when the complaint is completed and open to public review.

FOR MORE INFORMATION

Telephone the Department Administration Office at (239) 213-7120.

ELECTRONIC SUBMITTAL

(NOTE: The button used to submit this form (via email) will appear upon checking the box and agreeing to the terms below. Saving this entire form for electronic submittal requires a minimum of free Adobe Reader version 11 (or greater), or Adobe Acrobat Standard / Pro).

By checking this box, typing your name in the applicant/citizen signature field(s), and submitting this form electronically (via email), you affirm that all information contained within this document was completed truthfully, and to the best of your knowledge and you understand that your electronic signature is considered legally binding the same as signing your physical signature by hand.

OFFICIAL USE:

Intake Employee (Print): _____ **Date/Time:** _____

CC#: _____