

# Safety Suggestion Service Improvement Form

## Roselle Park District

We welcome suggestions or remarks concerning our programs, facilities, personnel, services, etc.

**Suggestion/Remark:** (please include the date, time, location, etc. Use other side if necessary)

---

---

---

**Requested by:**

Suggestion/Remark By: Phone \_\_\_\_\_ In Person \_\_\_\_\_ Letter \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

.....  
Referred to: \_\_\_\_\_ Date: \_\_\_\_\_  
.....

**Action Taken:**

( ) Work Order Issued Date completed \_\_\_\_\_

( ) No Action (Reason) \_\_\_\_\_

( ) No Action (No Jurisdiction) Forwarded to: \_\_\_\_\_

**Was citizen notified?** YES NO HOW? \_\_\_\_\_ Date \_\_\_\_\_

Office use: Staff initial \_\_\_\_\_ Copy in mailbox \_\_\_\_\_