

**CITY OF AZUSA**  
**Citizen Concern Form**  
 ADMINISTRATIVE SERVICES  
 Human Resources Division



INFORMATION ABOUT YOU

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

INFORMATION ABOUT THE INCIDENT

Location of Incident: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am/pm (circle one)  
 Name of Department Employee(s) Involved and or Physical Description: \_\_\_\_\_

STATEMENT/DESCRIPTION OF INCIDENT

Please describe the Incident in detail: Who? What? When? Why?

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PLEASE PRINT IN BLACK OR BLUE INK

Citizen Concern Form (CONTINUED)

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(Please attach additional pages if necessary)

WITNESSES/OTHERS INVOLVED

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Involvement: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Involvement: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Involvement: \_\_\_\_\_

SIGNATURE

I certify that the forgoing information is true to the best of my knowledge.

\_\_\_\_\_  
Citizen (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Citizen (Signature)

\_\_\_\_\_  
Date

May be submitted by hand or mail to:

City of Azusa  
Administrative Services Department  
Human Resources Division  
213 E. Foothill Boulevard  
Azusa, CA 91702