



# CITY OF CORONADO

## Customer Comment Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Receiving Comment: \_\_\_\_\_

Compliment     Inquiry     Comment     Complaint     \_\_\_\_\_

Customer Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Subject/Topic of Comment: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return Contact Requested?     YES     NO

Return Contact Made: \_\_\_\_\_ By: \_\_\_\_\_  
(Date/Method)

\_\_\_\_\_ By: \_\_\_\_\_  
(Date/Method)

Resolution/Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_