

**Gloucester County**  
**Department of Community Engagement**

6467 Main Street, Gloucester, VA 23061  
 PH: 804-693-5730 FAX: 804-824-2443  
 Contact: Christi Lewis, Director EMAIL: clewis@gloucesterva.info

**CITIZEN'S ISSUE RESOLUTION FORM**

CITIZEN'S NAME	DATE:		
PREFERRED METHOD OF CONTACT (phone and/or email)	PHONE:		
	EMAIL:		
MAILING ADDRESS			
SIGNATURE & DATE		DATE:	
TOPIC OF ISSUE			
<b>NATURE OF ISSUE: Below, please explain your issue being as specific as possible and sharing any relevant information that will help us respond to or resolve your issue. Once your issue is received, it will be reviewed and you may be contacted for further information.</b>			
<b>SUGGESTED RESOLUTION: How do you suggest the issue be addressed or resolved?</b>			

**CONTACTS/INTERACTIONS: Which departments/employees have you been in contact with for this issue?**

**OUTCOME: What was the outcome of the interaction?**

*Thank you for taking the time to express your issue(s). All information provided regarding the issue is voluntary and optional. However, if you choose not to include all or any part of the information requested, we may be unable to fully review or respond to your issue. All issues are reviewed objectively with a goal of maintaining public confidence and governmental integrity.*

**OFFICE USE ONLY**

ISSUE #			
RECEIVED BY		DATE	
FORWARDED TO		DATE	
FORWARDED TO		DATE	
FORWARDED TO		DATE	

<input type="checkbox"/> Acknowledgement to Citizen Type: _____ Date sent: _____ Staff Person:: _____	<input type="checkbox"/> Additional correspondence Type: _____ Date sent: _____ Staff Person:: _____
--	---

**SUGGESTED RESOLUTION/ACTION TAKEN:**

<input type="checkbox"/> Communication of Final Decision Type: _____ Date sent: _____ Staff Person:: _____	NOTES
---	-------