

BAYSHORE GARDENS PARK AND RECREATION DISTRICT
RESIDENT COMPLAINT/CONCERN

1014F

Date _____ Nature of Complaint/Concern _____

DETAILS OF PROBLEM

You may use back of form for more details

Residents Contact information/note method for us to use should we need to contact you regarding your concern.

Signature of concerned resident _____

Printed name of concerned resident _____

Contact information **Select one of the following:** Phone _____
email _____ US mail address _____

May be filled in by office

Specific policy/procedure/rule/regulation of complaint _____

The District Manager/ or designee may immediately attempt to resolve the issue by providing a copy of any Bayshore Gardens policy, procedure, rule or regulation. Attach copy of document provided to resident at no charge.

If Resident is not satisfied with the policy, procedure, rule or regulation provided by District Manager or designee, the complaint/concern will be given to the designated Trustee to resolve and respond to the resident.

Response to Resident By _____ Date _____

Resident notified by their preference as selected above or in person. The complaint and response will be recorded on the complaint/concern log. This form as well as response/solution are a part of the public record and will be preserved per Florida retention schedule.

APPROVED DATE _____

EFFECTIVE DATE _____

REVISED DATE _____