



102 South Huron Avenue, P.O. Box 580, Mackinaw City, Michigan 49701

Telephone: (231) 436-5351 Fax: (231) 436-4166

[www.mackinawcity.org](http://www.mackinawcity.org) [village@mackinawcity.org](mailto:village@mackinawcity.org)

## CONCERN FORM

Concerns may be anonymous, but we may not be able to adequately follow-up.

Date: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location where incident occurred: \_\_\_\_\_

Nature of Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

Concern Submitted To: Manager Police Zoning DPW Fire/Amb. Marina/Rec Admin.

How was this concern solved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the original person filing concern contacted on the status of this report? YES NO  
(If not, Why?) \_\_\_\_\_

Person taking this concern: \_\_\_\_\_

Person signing off on concern: \_\_\_\_\_

Date concern was closed: \_\_\_\_\_

★ This form must be returned to the Village Manager once the concern has been resolved. ★

