



**CITY OF BLACK DIAMOND**  
Citizen Feedback Form  
 PO Box 599 - 24301 Roberts Drive  
 Black Diamond, WA 98010  
 Phone: 360.886.5700 - Fax: 360.886.2592

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

- Compliment     Comment     Complaint     Request     Inquiry:

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Citizen's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Signature: \_\_\_\_\_

*Department Use only*

City Contacted by:  Phone  Letter  in Person Taken By: \_\_\_\_\_

Department accepting form: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Department; for Response within 5 working days.

Copy forwarded to:  Mayor  Administrator  Clerk  Police Admin.

Response or Action Taken by Department (required within 5 working days) \_\_\_\_\_

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Date Action Taken: \_\_\_\_\_ By: \_\_\_\_\_

Citizen Notified by:  Phone  Letter  in Person By: \_\_\_\_\_

*File Original with City Clerk's Office. Five working Days to Respond.*

Response must be forwarded to:  Mayor  Administrator  Clerk  Police Admin.