DEKALB COUNTY CITIZENS COUNCIL

Constituent Issue Intake Form

Office of CEO Lorraine Cochran-Johnson · DeKalb County Government

SECTION 1 · CITIZENS COUNCIL MEMBER INFORMATION

Council Member Full Name	Member	Commissioner District
Event / Location Where Constituent Was Met	**Date of Intake**	**Time**

SECTION 2 · CONSTITUENT INFORMATION (Optional — Provided Voluntarily)

Constituent Full Name	Phone Number	Email Address
Street Address	**City**	**ZIP Code**

Follow-Up Consent

- ☐ Yes — constituent consents to follow-up contact
- ☐ No — anonymous; no follow-up needed

Preferred Contact Method

- ☐ Phone Call
- ☐ Text Message
- ☐ Email
- ☐ No preference / Not provided

SECTION 3 · ISSUE / CONCERN DESCRIPTION

Issue Category (check one)

- ☐ Roads, Sidewalks & Transportation
- ☐ Stormwater & Flooding
- ☐ Trash / Sanitation
- ☐ Street Lights & Right-of-Way
- ☐ Parks & Recreation
- ☐ Code Enforcement / Blight
- ☐ Housing & Community Development
- ☐ Public Safety / Emergency Services
- ☐ Health & Human Services
- ☐ Other (describe in detail below)

Issue Location or Address *Street address, intersection, or landmark name*

Describe the Issue in Full Detail

How long has this issue existed? *Days / Weeks / Months / Years*

Has this been reported to the County previously?

- ☐ First time reported
- ☐ Reported before — no resolution
- ☐ Reported before — partial resolution

SECTION 4 · PRIORITY LEVEL & URGENCY

Urgency Level (check one)

- ☐ CRITICAL — Immediate safety or health risk
- ☐ HIGH — Significant disruption to daily life
- ☐ MEDIUM — Ongoing inconvenience or concern
- ☐ LOW — General feedback or suggestion

Requested Response Timeframe

- ☐ Immediate — within 24 to 48 hours
- ☐ Urgent — within 1 week
- ☐ Standard — within 30 days Long-
- ☐ Term / Planning input

Estimated Number of Residents Affected & Additional Context

SECTION 5 · COUNCIL MEMBER FIELD NOTES & OBSERVATIONS

Field Observations — What did you see or hear at the location or event?

Action Taken at Point of Contact

- ☐ Resident given County contact information
- ☐ Resident referred to 311 services
- ☐ Resident referred to specific department
- ☐ Documentation only — no immediate referral

Supporting Evidence

- ☐ Photos taken — will be submitted
- ☐ Written notes / documents attached
- ☐ No supporting documentation

Council Member Signature

Signature confirms accuracy of information above

SECTION 6 · FOR CEO'S OFFICE USE ONLY — DO NOT COMPLETE

Received By	Date Received	Case / Tracking #	Status
			☐ Open ☐ Assigned ☐ In Progress ☐ Resolved ☐ Closed
Assigned Department / Division		**Staff Contact Assigned**	**Target Resolution Date**
Resolution Notes and Outcome Summary			
Constituent Notified? ☐ Yes ☐ No ☐ N/A **Via:**		**Date Constituent Notified**	**Closed / Verified By**

PRIVACY NOTICE:
Resident information collected on this form is used solely to assist in resolving concerns and improving County services. This form is submitted to the Office of the CEO and handled in accordance with DeKalb County privacy policies. Providing contact information is entirely voluntary.