

**WRITTEN CONCERN FORM
LAKES & PRAIRIES COMMUNITY ACTION
PARTNERSHIP, INC.**

Name _____

Phone _____ **Date** _____

Description of Concern. Please indicate date of incident and people involved:

Possible Solution to the Problem:

Signature _____

Date _____

Director of Operations

Date Received _____

Lakes & Prairies Community Action Partnership Executive Director

Date Received _____

**Lakes & Prairies Community Action Partnership Executive Committee
of the Board of Directors**

Date Received _____

Return to:

Director of Operations

715 11th St. North, Suite 402

Moorhead, MN 56560