



# Facilities Problem Report

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

## Your Information

Name \_\_\_\_\_

Ministry \_\_\_\_\_

Email or Phone \_\_\_\_\_

## Complaint Details

Room/Area of Problem (Please be specific):

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

For additional space, please use reverse side

Please submit to the parish Facilities Coordinator.

|                      |       |         |              |
|----------------------|-------|---------|--------------|
| Office Use Only:     |       |         |              |
| Date Received: _____ | Email | Website | Office Phone |
| Action taken: _____  |       |         |              |
| _____                |       |         |              |
| _____                |       |         |              |