MISSION DOWNTOWN
Business Association

Feedback Form

Feedback ID: _____
(For internal tracking)
Date of Feedback: _____

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1. Contact Information (Optional but Helpful)

- **Name:** _____
- **Email:** _____
- **Phone Number:** _____
- **Preferred Method of Contact:**
  ☐ Phone
  ☐ Email
  ☐ In-person
  ☐ No Contact Requested

2. Feedback Details

- **Location of Incident:**
  (Please provide the address or general location within the BIA)
- **Category of Feedback:**
  (Please check the most appropriate category for your Feedback)
  ☐ Cleanliness (Litter, Graffiti, etc.)
  ☐ Safety (Lighting, Security Issues, Unsafe Areas)
  ☐ Infrastructure (Damaged Sidewalks, Road Issues, Broken Street Furniture)
  ☐ Customer Service (Staff Behavior, Vendor Issues, etc.)
  ☐ Parking (Limited, Illegal Parking, etc.)
  ☐ Noise (Loud Music, Construction, etc.)
  ☐ Environmental (Pollution, Odors, etc.)
  ☐ Other: _____

- **Specific Issue/Feedback Description:**
  (Provide as much detail as possible, including time, place, and description of the issue)

_____
_____
_____
_____
_____

3. Additional Information

- **Were there any witnesses or others involved?**
  ☐ Yes
  ☐ No
  If yes, please provide details:

- **Have you reported this issue to any other authority (e.g., local government, business owner)?**
  ☐ Yes
  ☐ No
  If yes, please provide details of whom and when:

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4. Desired Outcome/Resolution

- **What outcome are you hoping for?**
  (Please describe the action you would like to see taken in response to your Feedback)

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5. Additional Comments or Suggestions *(If any)*

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6. Privacy & Confidentiality Notice

The information you provide will be used to address your concerns and improve the BIA area. Your details will remain confidential unless you request otherwise.

- ☐ I agree to have my Feedback used for improvement purposes.

Thank you for helping improve the Mission Downtown Business Association

Notes: This form can be submitted **in person** or through **email**.