Complaint/Inquiry Form

Date:

Property Address or Location with Concern

Property Owner (if known)

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| **Please describe in detail the issue(s) to be addressed and Town ordinance involved:** |
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Follow up on complaints will not be completed unless the following information is provided and the complaint form is signed. All information will be kept confidential in accordance with WI State Statute 19.35 (1) (a) 2.

Person Filing Complaint/Inquiry Phone Number

Address and Email

Signature

|  |  |
| --- | --- |
| **For Office Use Only** | |
| **Complaint Type:** | |
| **Complaint Referred to:** | |
| **Date Opened:** | **Date Closed:** |