



MUNICIPAL COMPLAINT FORM

Village of Johnson Creek, Wisconsin

COMPLAINANT INFORMATION (Please Print)

Name* _____

Address* _____

City/St/Zip* _____

Phone* _____

E-mail _____

Signature* X _____

*Required

LOCATION OF POTENTIAL VIOLATION

Address _____

RETURN COMPLETED FORM TO:

Village of Johnson Creek
Attn: Municipal Complaints
125 Depot Street
P O Box 238
Johnson Creek, WI 53038

*Note: Anonymous complaints will not be processed.
All complaints are subject to Public Records Requests.*

DESCRIPTION OF COMPLAINT (attach additional page(s) if necessary)

DATE _____

FOR VILLAGE STAFF USE ONLY ▼

Date Received _____

COMPLAINT NO. _____

Referred To: _____

Department: _____

STATUS UPDATE

Date _____ Explanation _____

Date _____ Explanation _____

Date _____ Response sent to complainant