



MUNICIPAL COMPLAINT FORM

City of Juneau, Wisconsin

COMPLAINT INFORMATION

LOCATION OF INCIDENT:

Name _____

Address _____

Address _____

City / State / Zip _____

Phone _____

Completion Instructions:

1. Present to department supervisor.
2. If unresolved, the department supervisor will sign and provide a copy of this form which provides information on the next committee meeting date and time.
3. Complainant may attend meeting, contact committee chair person prior to the meeting or both

Signature _____

Note: Anonymous complaints will not be processed.

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

DATE:

FOR CITY STAFF USE ONLY ▼

Date Received:

Committee Referred To:

Date of Next Meeting:

Department Head Signature:

Chairman Signature:

Action Taken:

