



THE CITY OF VIROQUA

202 North Main Street • Viroqua, Wisconsin • 54665
Ph: (608) 637-7522 • Fax: (608) 637-3108

HISTORY • HEART • QUALITY OF LIFE

CITIZEN COMPLAINT FORM

COMPLAINANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BRIEFLY STATE THE NATURE OF THE COMPLAINT

Use additional sheets if necessary. Also, supply the names and addresses of other persons who have direct knowledge supporting this complaint.

Signature: _____

FOR CITY USE BELOW

Place this form in a sealed envelope and immediately forward to the City Clerk

Date and time received: _____

Employee receiving complaint: _____
Print name signature