



202 North Main Street • Viroqua, Wisconsin • 54665
Phone: (608) 637-7154 Ext. 11 • Fax: (608) 637-3108

CITIZEN COMPLAINT FORM

COMPLAINANT: _____

ADDRESS: _____

CITY: _____



BRIEFLY STATE THE NATURE OF THE COMPLAINT

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

Signature: _____ Print Name _____

.....
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