Town of Mukwonago

W320 S8315 Beulah Road
Mukwonago, WI 53149
www.TownOfMukwonago.us
Phone (262)363-4555 Fax (262)363-8377

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Notification of Complaint or Concern

Date and Time Complaint Filed: am/pm		**Staff Person's Name Who Received Complaint:**		
How was complaint filed? In Person ☐	By Mail ☐	By Phone ☐	By Fax/eMail ☐	
PERSON MAKING COMPLAINT				
Name (please print):	Telephone Numbers Cell: (include area code)			
Street Address:	Telephone Number Home: (include area code)			
City, State, Zip:	Email:			
Is confidentiality requested? Yes ☐ No ☐ (within the limits of the State Open Records Laws)	Signature			
RESPONDENT (Information on the individual(s) or residence about which you have a complaint):				
Name (please print):	**I direct my complaint to the following Department:**			
Street Address:	Building Inspector	☐	Fire Dept	☐
City, State, Zip:	Clerk's Office	☐	Park & Rec	☐
Telephone Number (include area code):	DPW	☐	Police Dept	☐
Nature of Complaint/Concern:				
1. Have you already directly contacted the individual(s) regarding your complaint? Yes ☐ No ☐ If yes, include name and dates you contacted them.	2. Attach all copies of any documents relating to correspondence 3. Have you contacted the Police Dept. regarding your complaint? Yes ☐ No ☐			
A site visit and/or further research conducted on (date) concluded that:				
☐ this is not a valid complaint; no further action required ☐ further follow-up is required by the _____ ☐ this complaint falls in the jurisdiction of another department/personnel and will be forwarded to the following: department/personnel _____ date forwarded:				
Comments:				
Date of Compliance _____ Town Signature _____Date_____				

Anonymous or unsigned complaints will not be considered valid and action will not be taken.