



Town of Mukwonago

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

Print

Save

Notification of Complaint or Concern

Date and Time Complaint Filed:		Staff Person's Name Who Received Complaint:	
		am/pm	
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.