



## Municipal Complaint Form

**Complainant Information** (Please Print. Required fields are marked with \*)

Complainant Name*			
Complainant Address*	City*	State*	Zip*
Complainant Phone Number*	Email		
Location of Potential Violation	City	State	Zip

Please note that anonymous complaints will not be processed. All complaints are subject to Public Records Requests. Completed forms must be returned in person or via mail to Village Hall at 125 Depot Street PO Box 238 or emailed to [info@vi.johnsoncreek.wi.gov](mailto:info@vi.johnsoncreek.wi.gov).

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

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**Signature\*** X \_\_\_\_\_

**Date\*:** \_\_\_\_\_

**For Village Staff Use Only:**

Date Received \_\_\_\_\_ Complaint # \_\_\_\_\_ Referred to Department: \_\_\_\_\_

**Status Update:**

Date \_\_\_\_\_ Explanation \_\_\_\_\_

Date \_\_\_\_\_ Explanation \_\_\_\_\_

Date Response sent to complainant \_\_\_\_\_