

130 N. Harrison Street North Prairie, WI 53153 Phone: (262)392-2271

Fax: (262)392-2936

## **COMPLAINT FORM**

Today's Date:	Time:	am/pm
	or residence about which you have a cas and a brief description pertaining to the issue.)	omplaint:
	(Use back of this sheet if necessary	for more information)
2. Have you already directly contact Yes No	cted the individual(s) regarding your co	omplaint?
If yes, include the name of the person copies of all documentations relations	sons contacted and the dates you contact ng to this correspondence.	ed them; attach
3. Have you contacted the Police D	Department regarding your complaint?	
Yes No		
Signature of party making complaint:	(No investigation will be performed unless signate	
	***** (Office Use Only) **************	
Date Inspected:		am/nm
		•
Follow-Up:  Yes Not Necessary	Insufficient Information DPW Matt	er  Police Matter
Date Compliance Obtained:		
Signed by:	Title:	