



# MUNICIPAL COMPLAINT FORM

Village of Minong, Wisconsin

## COMPLAINANT INFORMATION

## LOCATION OF POTENTIAL VIOLATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Signature  \_\_\_\_\_

### RETURN COMPLETED FORM TO:

Village of Minong  
Attn: Municipal Complaints  
123 5th Ave Minong, WI 54859

Email:  
clerkvillageofminong@gmail.com  
Fax: 715-466-4752

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

DATE \_\_\_\_\_

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### FOR VILLAGE STAFF USE ONLY ▼

Date Received \_\_\_\_\_

COMPLAINT NO. \_\_\_\_\_

Referred To: \_\_\_\_\_

Department: \_\_\_\_\_

### STATUS UPDATE

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

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

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