COMPLAINT FORM

NOTE: In order for this form to be processed, all fields are required to be filled in. Complaints submitted using "Anonymous" for the Name and Address portion will not be processed.

CITY OF FRANKLIN
Office of the City Clerk
9229 West Loomis Road
Franklin, WI 53132
Phone: 414-425-7500 Fax: 414-425-6428

Office Use Only
Action File No. _____
Tax Key No. _____
Received By _____
Date _____
Referred To _____
Aldermanic District _____

Date: _____

Name and Address of Complainant(s):

_____

_____

_____

Home Phone:

_____

Work Phone:

_____

Email Address:

_____

Reported Address of Violation(s):

_____

Subject(s) of Complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Complainant: _____

White: Administration Yellow: Department Pink: Alderman Canary: Complainant