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

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: ____________________________

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

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