

COMPLAINT FORM

NOTE: In order for this form to be processed, all fields are required to be filled in except for the “Email Address”, “Date of Incident”, and “Time of Incident” fields. Complaints submitted using “Anonymous” for the Name and Address portion will not be processed.

PLEASE ALSO NOTE: A complainant’s name and identification information on a complaint form may be released in response to an open records request for complaint(s).

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): _____

Date of Incident (if applicable): _____ Time of Incident (if applicable): _____

Subject(s) of Complaint:

Signature of Complainant: _____