

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.

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

<u>Office Use Only</u>
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: _____