

**VILLAGE OF WAUSAUKEE
COMPLAINT FORM**

Complaint Against: _____ Date: _____ Time: _____
Made By: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Have you contacted the party(s) named in this complaint? YES NO

If yes, how/when were they contacted: _____

Outcome of the contact: _____

Nature of Complaint: _____

Expected Outcome: _____

Property Affected: _____

Description: _____

Signed: _____

DO NOT WRITE BELOW THIS LINE

Date reported to Personnel Committee: _____

Evaluation & recommendation sought from: _____

Mediation sought with both parties: _____

ACTION: _____

Complaint Resolved? YES NO

COMMENTS: _____
