



Return Form to: Village of Wausaukee
704 Main Street, PO Box 475
Wausaukee, WI 54177
Phone: (715) 856-5341
Fax: (715) 856-6166
Email: clerk@villageofwausaukee.com

**VILLAGE OF WAUSAUKEE
COMPLAINT FORM**

_____ Date: _____ Time: _____

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 (use back side if necessary): _____

Expected Outcome: _____

Property Affected: _____

Description: _____

Signed: _____

DO NOT WRITE BELOW THIS LINE

Date reported to Village President / Committee: _____

Mediation sought with both parties: _____

RECOMMENDATION / ACTION: _____

Complaint Resolved? YES NO

COMMENTS: _____