

PO Box 225
Waldo, WI 53093-0225

Town Phone (920) 467-6037
e-mail clerk@townlima.com
website www.townlima.com

COMPLAINT FORM

DATE: _____ TYPE OF COMPLAINT: _____

COMPLAINANT(*) _____ AGAINST WHOM/WHAT: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE NO.: _____ TELEPHONE NO: _____

Has complainant contacted the party or parties regarding this complaint: YES NO

If yes, **how** and **when** were they contacted? _____

Describe the nature of the complaint in detail: _____

Do you have a solution to the complaint that is fair and equitable? _____

(*) Providing your contact information is optional if you do not want the Town Board to provide you with feedback on the decision(s) made, and/or the action(s) taken. The Town Board may not be able to fully investigate or resolve the problem if the Board is unable to contact you for the purpose of gathering more information

Date Received: _____ Date given to Town Board: _____

Supporting Documentation Attached or Referenced: _____

Evaluation, recommendation or action sought from:

Building Inspector _____

Sheriff's Dept. _____

Town's Attorney _____

Plan Commission _____

Variance Board _____

Other (specify) _____

Information provided by above source: _____

Action by Town Board: _____ Date: _____

Final Action by Town Board: _____ Date: _____

Was it completely resolved: YES NO Comments: _____

