



Town of Mukwonago Waukesha County

W320 S8315 Beulah Road • Mukwonago, WI 53149
Phone: (262) 363-4555 • Fax: (262) 363-8377

COMPLAINT FORM

Today's Date: _____ Time: _____ am / pm

1. Information on the individual(s) or residence about which you have a complaint:

(Please print clearly the name and address and a brief description pertaining to the issue)

_____ (Use back of this sheet if necessary for more details)

2. Have you already directly contacted the individual(s) regarding your complaint?

Yes No

If yes, include the name of the persons contacted and the dates you contacted them; attach copies of all documentations relating to this correspondence.

3. Have you contacted the Police Department regarding your complaint?

Yes No

Signature of party making complaint: _____
(No investigation will be performed unless signature is present)

Address: _____

Phone: _____

******(Office Use Only)******

DATE RECEIVED _____

Date Inspected _____

Time: _____ am/pm

Inspector Comments _____

Follow-up

Yes Not Necessary Insufficient Information DPW Matter Police Matter

Compliance obtained _____
(DATE)

Signed by the Town _____