



# MUNICIPAL COMPLAINT FORM

Village of Mount Pleasant, Wisconsin

## COMPLAINANT INFORMATION

## LOCATION OF POTENTIAL VIOLATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Signature  \_\_\_\_\_

### RETURN COMPLETED FORM TO:

Village of Mount Pleasant  
Attn: Municipal Complaints  
8811 Campus Drive  
Mount Pleasant, WI 53406

Note: Anonymous complaints will not be processed. All complaints are subject to Public Records Requests.

DESCRIPTION OF COMPLAINT (attach additional page(s) if necessary)

DATE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR VILLAGE STAFF USE ONLY ▼

Date Received \_\_\_\_\_

COMPLAINT NO. \_\_\_\_\_

Referred To: \_\_\_\_\_

Department: \_\_\_\_\_

## STATUS UPDATE

Date \_\_\_\_\_ Explanation \_\_\_\_\_

Date \_\_\_\_\_ Explanation \_\_\_\_\_

Date \_\_\_\_\_ Response sent to complainant