



# THE CITY OF VIROQUA

202 North Main Street • Viroqua, Wisconsin • 54665  
Ph: (608) 637-7522 • Fax: (608) 637-3108

HISTORY • HEART • QUALITY OF LIFE

## CITIZEN COMPLAINT FORM

COMPLAINANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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BRIEFLY STATE THE NATURE OF THE COMPLAINT

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

Use additional sheets if necessary. Also, supply the names and addresses of other persons who have direct knowledge supporting this complaint.

Signature: \_\_\_\_\_

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FOR CITY USE BELOW

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Place this form in a sealed envelope and immediately forward to the City Clerk

Date and time received: \_\_\_\_\_

Employee receiving complaint: \_\_\_\_\_  
Print name signature