

# Village of Shiocton

PO Box 96, Shiocton, WI 54170  
 WWW.Shiocton.Org  
 Phone (920)986-3415 Fax (920)986-3743

## Notification of Complaint or Concern

<b>Date and Time Complaint Filed:</b>		<b>Staff Person's Name Who Received Complaint:</b>	
		am/pm	
<b>How was complaint filed?</b>			
In Person <input type="checkbox"/>		By Mail <input type="checkbox"/>	
		By Phone <input type="checkbox"/>	
		By Fax/eMail <input type="checkbox"/>	
<b>PERSON MAKING COMPLAINT</b>			
Name (please print):		<b>Is confidentiality requested?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (within the limits of the State Open Records Laws)	
Street Address:		Telephone Numbers Cell: _____ (include area codes) Home: _____	
City, State, Zip:		Signature _____	
<b>RESPONDENT (Information on the individual(s) or residence about which you have a complaint):</b>			
Name (please print):		<b>I direct my complaint/concern to the following Department:</b>	
Street Address:		Village Board <input type="checkbox"/>	Fire Dept <input type="checkbox"/>
City, State, Zip:		Clerk's Office <input type="checkbox"/>	Building Inspector <input type="checkbox"/>
Telephone Number (include area code):		DPW <input type="checkbox"/>	Police Dept <input type="checkbox"/>
<b>Nature of Complaint/Concern: (please use the back of the page if needed)</b>			
1. Have you already directly contacted the individual(s) regarding your complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, include name and dates you contacted them.		Attach all copies of any documents relating to correspondence	
		2. Have you contacted the Police Dept regarding your complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	
A site visit and/or further research conducted on (date) _____ concluded that:			
<input type="checkbox"/> this is not a valid complaint; no further action required <input type="checkbox"/> further follow-up is required by the _____ <input type="checkbox"/> this complaint falls in the jurisdiction of another department/personnel and will be forwarded to the following: department/personnel _____ date forwarded: _____			
Comments:			
Date of Compliance _____		Village President Signature _____	
		Date _____	

Anonymous or unsigned complaints will not be considered valid and action will not be taken.