

Town of Onalaska Complaint Form

Complaint Information

Residents Name: _____

Residents Address: _____

Complaint Date: _____ Phone number: _____

Complaint Taken By: _____

Department: _____

Complaint Information: _____

Resident Signature: _____

Town Clerk Signature: _____ Date: _____

(Received)

Town Chairman Signature: _____ Date: _____

(Resolved)

Results:
