



Municipal Complaint Form

Village of Friendship, Wisconsin



Complainant Information

Location of Potential Violation

Name: _____

Location of Potential Violation (Write Below)

Address: _____

Address: _____

City/St/Zip: _____

Return Completed Form To:

Phone: _____

Village of Friendship
507 West Lake Street
PO Box 206
Friendship, WI 53934

Email: _____

Signature Below: ↓

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

Description of Complaint

Date: _____

For Village Staff Use Only ↓

Date Received: _____

Complaint # _____

Referred To: _____

Dept.: _____

Status Update

Date: _____

Explanation: _____

Date: _____

Explanation: _____

Date: _____

Explanation: _____