



11011 BRIGHAM AVE / P.O. BOX 189  
BLUE MOUNDS, WI 53517-0189  
TELEPHONE (608) 437-5197  
FAX (608) 490-2352  
[www.bluemoundsvillage.com](http://www.bluemoundsvillage.com)

## INCIDENT/COMPLAINT FORM

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

### Nature of Incident/Complaint (check all that apply)

- |   |                                      |  |                                   |
|---|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Ordinance      | <input type="checkbox"/> Animal      | <input type="checkbox"/> Snow Removal  | <input type="checkbox"/> Taxes    |
| <input type="checkbox"/> Mailbox Damage | <input type="checkbox"/> Road Work   | <input type="checkbox"/> Town Employee | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> Board Member   | <input type="checkbox"/> Other _____ |  |                                   |

Name Complaint is Against if Know \_\_\_\_\_

Address or Location \_\_\_\_\_

Date & Time Incident Occurred \_\_\_\_\_

Description of Incident/Complaint \_\_\_\_\_

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Signature of Complainant \_\_\_\_\_

Please return this form to the Blue Mounds Village Clerk, Thank You

Office Use Only

Complaint Taken by \_\_\_\_\_ Date \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_

Initial Action Taken \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Spoke To \_\_\_\_\_

Address (if applicable) \_\_\_\_\_ Phone and/or Email \_\_\_\_\_

Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-Up \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Spoke To \_\_\_\_\_

Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-Up \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Spoke To \_\_\_\_\_

Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_