TOWN OF MERTON
WAUKESHA COUNTY
COMPLAINT FORM

Date _____

Complaint made by (if no name or address given the complaint will not be recorded)

Name_____

Address _____

Telephone Number_____

Incident Date & Time _____

Incident Location _____

Name of Employee if known_____

Nature of Complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____Date/Time_____

Town Official Signature_____ Date _____Recvd' by _____

Forward to:

- ○ Boat Patrol
- ○ Clerk's Office
- ○ Planning Department
- ○ Building Inspection
- ○ Highway Department
- ○ Treasurer's Office