

City of Appleton City Citizen Complaint Form

Your Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Date & time of incident: _____

Location of incident: _____

Name of Employee (if known): _____

Describe incident:

USE ADDITIONAL PAGES TO DESCRIBE INCIDENT, IF REQUIRED.

This complaint is complete, accurate, and true to the best of my knowledge and belief.

Signature _____ Date: _____

Person accepting the complaint _____

*Providing false information is an offense punishable by law.