



City of Berlin

108 North Capron St • P.O. Box 272 • Berlin, Wisconsin 54923-0272
(920) 361-5400

OFFICIAL COMPLAINT FORM

Date Submitted: _____, 20_____.

Complainant's Name: _____
First, Middle Initial, Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Nature of Complaint:

- Action of City Employee(s): Name: _____
- City of Berlin Policy: _____
- Condition of City Property: _____
- Other: _____

Complaint: (please be as specific as possible; names, dates, locations)

Remedy Requested: _____

<p>For Department Use Only – To Be Completed by Records Custodian or Designee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complaint Reviewed by City Administrator <input type="checkbox"/> Complaint Reviewed by City Mayor <input type="checkbox"/> Complaint Forwarded to Department Head <p>Notes: _____ _____ _____</p>

Completed By: _____ Title: _____
Date Completed: _____ Complaint #: _____