



# VILLAGE OF DARIEN

## NOTIFICATION OF COMPLAINT OR CONCERN

PO Box 97, Darien, WI 53114 Phone: (262) 882-5055 Fax: (262) 882-5282 codeenforcement@darienwi.com  
This form represents a first point of contact and should be referred to the appropriate department

**Date Of  
Complaint**

Date: \_\_\_\_\_

**Location of  
Complaint**

Street Address: \_\_\_\_\_

**Person Making  
Complaint**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Circle One:    In Person    Mail    Email    Phone    Confidential: Yes / No

**Complaint**

Property Maintenance     Grass/Weed Control     Snow/Ice Removal     Other: *(Explain)*

*(office use only)*

Received by: \_\_\_\_\_ Tax Key No.: \_\_\_\_\_

Forwarded to:     Public Works     Police     Clerk's Office     Building Inspector     Code Enforcer

Site Was Visited On: \_\_\_\_\_

Follow up Notes:

**Follow up**

Signature of Responding Officer: \_\_\_\_\_

