



# VILLAGE OF DARIEN

## NOTIFICATION OF COMPLAINT OR CONCERN

PO Box 97, Darien, WI 53114 Phone: (262) 882-5055 Fax: (262) 882-5282

This form represents a first point of contact and should be referred to the appropriate department

**Date & Time**

Person Making Complaint \_\_\_\_\_ Circle One:    Mail    Phone    Email Contact (Attach)

**Name**

**Address**

**Phone**

**Issue**

Nature of Complaint/Concern:

- Snow Removal
- Grass/Weed Control
- Code Enforcement
- Other: *(Explain)*

Location/Site of Complaint: \_\_\_\_\_

Requesting to be contacted once completed? Y or N

**Employee Taking Complaint**

\_\_\_\_\_ Forwarded on \_\_\_\_\_  
 DPW  
 Police  
 Administrator  
 Building/Zoning Admin

**Steps Taken to Resolve Issue**

- Site Was Visited On \_\_\_\_\_
- No Further Action is Required/Not Valid
- Further Follow Up is required/Forwarded to: \_\_\_\_\_
- This Complaint falls in the jurisdiction of another department: \_\_\_\_\_
- Other: (Explain)

Signature: \_\_\_\_\_