

# Town of Holland

**Sheboygan County, Wisconsin**

**W3005 Hwy G**

Town Clerk Phone: 920-668-6696

## COMPLAINT FORM

DATE: \_\_\_\_\_ TYPE OF COMPLAINT: \_\_\_\_\_

COMPLAINANT<sup>(1)</sup>: \_\_\_\_\_ AGAINST WHOM/WHAT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

Has complainant contacted the party or parties regarding this complaint?  YES  NO

If yes, **how** and **when** were they contacted? \_\_\_\_\_

Describe the nature of the complaint in detail: \_\_\_\_\_

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Do you have a solution to the complaint that is fair and equitable? \_\_\_\_\_

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*(1) Providing your contact information is optional if you do not want the Town Board to provide you with feedback on the decision(s) made, and/or the action(s) taken. The Town Board may not be able to fully investigate or resolve the problem if the Board is unable to contact you for the purpose of gathering more information.*

----- **FOR TOWN STAFF USE** -----

Date Received: \_\_\_\_\_ Date given to Board: \_\_\_\_\_

Supporting Documentation Attached or Referenced: \_\_\_\_\_

\_\_\_\_\_

Evaluation, recommendation or action sought from:

Building Inspector \_\_\_\_\_

Sheriff's Dept. \_\_\_\_\_

Town's Attorney \_\_\_\_\_

Plan Commission \_\_\_\_\_

Board Committee \_\_\_\_\_

Other (specify) \_\_\_\_\_

Information provided by above source: \_\_\_\_\_

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Action by Board: \_\_\_\_\_ Date: \_\_\_\_\_

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Final Action by Board: \_\_\_\_\_ Date: \_\_\_\_\_

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Was it completely resolved?  YES  NO Comments: \_\_\_\_\_

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