



**CITIZEN
COMPLAINT
REGISTRATION**

Office of Building Inspection
 1115 S Main St.
 West Bend, WI 53095
 (262) 335-5140
bldginsp@ci.west-bend.wi.us

THIS FORM MUST BE COMPLETELY FILLED OUT OR NO ACTION MAY BE TAKEN

Date Complaint Filed:		Staff Person's Name Who Received Complaint:	
Person making the complaint info: Name (please print):		Is confidentiality requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If checked "Yes" reason is required . (within the limits of the state Open Records Laws)	
Street Address:			
City, State, Zip:			
Telephone Numbers (include area code): Home: () Work: ()			
Person making complaint is: Employee <input type="checkbox"/> Employee Representative <input type="checkbox"/> Other: _____			
RESPONDENT INFO		Site/Project Info	
Name (who complaint is registered against):		Complaint Location (site/project name):	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Telephone Number (include area code): ()		County of: Washington	City of West Bend
How was complaint filed? In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By E-Mail <input type="checkbox"/>			
TYPE OF COMPLAINT:			
Commercial Building <input type="checkbox"/> One-and Two-Family Homes <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Pools <input type="checkbox"/> Public Safety <input type="checkbox"/> Storm Water <input type="checkbox"/> Junk/Garbage <input type="checkbox"/> Fence/Driveway <input type="checkbox"/> Other <input type="checkbox"/> Other: _____			
The City of West Bend has no jurisdiction over contractual or leasing issues. Please contact the Wisconsin Department of Agriculture, Trade and Consumer Protection at 1-800-422-7128 (In WI Only) or www.datcp.state.wi.us			

Nature of Complaint: (Attach letter or additional page if necessary).

For Office Use Only

Investigation Transaction Number: _____ Assigned/Referred to and Date Sent: _____
 Code Section/Action Taken: _____
 Staff Signature: _____ Date Signed: _____