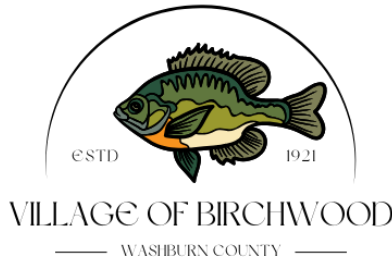


Village of Birchwood
101 N. Main Street
PO Box 6
Birchwood, WI 54817



Ashley Beffa
ashley@birchwoodvillagewi.com
Phone: 715-354-3300
Fax: 715-354-7500

Incident/Complaint Form

Date Received: _____

Method Received: In Person Telephone Email Written Other _____

Complainant Information

Name of Complainant:

Mailing Address:

Telephone Number:

Email Address (optional):

Nature of Complaint, Concern, or Incident

Please describe the complaint, concern, or request in detail. Include dates, locations, individuals involved (if known), and any other relevant information.

Complainant Acknowledgment and Signature

I affirm that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that this complaint and any supporting documentation may be subject to public disclosure in accordance with Wisconsin Public Records Law.

Complainant Signature:

Date: _____

Public Records Notice

Village of Birchwood
101 N. Main Street
PO Box 6
Birchwood, WI 54817



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Pursuant to Wisconsin Public Records Law, Wis. Stat. §§ 19.31–19.39, this complaint and any supporting documentation may be subject to public inspection upon request. Access may be denied only in exceptional circumstances as permitted by law.

For Village Use Only

Department Resolution (To Be Completed by Assigned Department)

Action Taken / Resolution (Describe investigation, findings, and actions taken):

Date Action Completed: _____

Department Head Review:

I have reviewed the information above and approve the documented resolution.

Department Head Name (Print): _____

Signature: _____

Date: _____

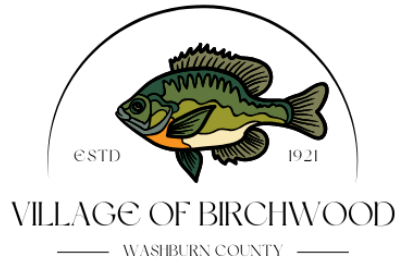
Follow-Up with Complainant

- Department notified complainant directly
- Village Clerk notified complainant on behalf of department
- No follow-up required

Method of Contact: Letter Telephone Email

Date of Contact: _____

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Clerk's Use Only

Date Logged: _____

Follow-Up Documentation Received: Yes No

Filed By: _____