



## CITIZENS COMPLAINT FORM

Date of complaint \_\_\_\_\_

Address of Alleged Violation \_\_\_\_\_

Tenant/Violator's Name(s) (if known) \_\_\_\_\_

### CONTACT INFORMATION *(The following contact information is optional.)*

Name of complainant \_\_\_\_\_

Address of complainant \_\_\_\_\_

Phone number/email address of complainant \_\_\_\_\_

### NATURE OF COMPLAINT *(use additional pages as needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email the completed complaint form to Bryce Hembrook, Associate Planner for the City of Marshfield at [bryce.hembrook@ci.marshfield.wi.us](mailto:bryce.hembrook@ci.marshfield.wi.us) or mail a hard copy to City of Marshfield, City Hall c/o Bryce Hembrook, 630 S Central Ave, Marshfield, WI.

*Office use only*

Date rec'd / by \_\_\_\_\_

- |   |                                     |                                   |                                      |
|---|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Building         | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Street      |
| <input type="checkbox"/> Ordinance/Police | <input type="checkbox"/> Zoning     | <input type="checkbox"/> Fire     | <input type="checkbox"/> Other _____ |

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_