

**OFFICE OF THE CLERK
P.O. BOX 609
PELL LAKE, WI 53157**

TOWN OF BLOOMFIELD COMMUNICATION

YOUR NAME _____

COMPLAINT

YOUR ADDRESS _____

SUGGESTION

YOUR PHONE # _____

COMMENT

TODAY'S DATE _____

INFORMATION

**MUST FILL IN DATA ABOVE
NAMES WILL BE CONFIDENTIAL**

SUBJECT MATTER _____

DESCRIBE _____

ATTACHMENTS YES _____ NO _____

RECEIVED BY: _____

DATE: _____

FOR TOWN USE ONLY

REFERRED TO: _____

DATE: _____

RESOLVED BY: _____

ACTION TAKEN _____

