



Marathon City – Administrator
 311 Walnut Street PO Box 487
 Marathon City, WI 54448
 (715) 443-2221

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|------------------|--|
| Submission Date: | |
| Accepted By: | |
| Review Date: | |
| Reviewed By: | |

RESIDENT COMPLAINT FORM

| Individual Information | |
|------------------------|-------|
| Name: | |
| Mailing Address: | |
| Email Address: | |
| Phone Number: | Date: |

| Complaint Information |
|------------------------|
| Location of Complaint: |
| Complaint / Concern: |

| Complaint Acknowledgement | |
|---|-------|
| <p>I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for the staff of Marathon City to collect information to be used as part of the complaint review process. I further agree to withdraw this complaint if substantive false or incorrect information has been included.</p> | |
| Signature: | Date: |

| Complaint Review / Disposition | |
|---|-------|
| Referred to: | Date: |
| Facts & Findings: | |
| Recommendations: | |
| Recommending Staff: | Date: |
| Disposition: | |
| Has the complaint or concern been addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: |

| Complaint Disposition Acknowledgement | |
|--|-------|
| Signature: | Date: |