

Town of Trade Lake, Burnett County Wisconsin Complaint Form

Town Clerk Phone: 715-488-2505

Email: [clerk@tn.tradelake.wi.gov](mailto:clerk@tn.tradelake.wi.gov)

Date: \_\_\_\_\_

Type of Complaint: \_\_\_\_\_

\*Complainant: \_\_\_\_\_

Against Whom/What \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Has complainant contacted the party or parties regarding this complaint? ♦ Yes ♦ No If yes, how and when were they contacted?

\_\_\_\_\_

Describe the nature of the complaint in detail:

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

Do you have a solution to the complaint that is fair and equitable?

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

• Providing your contact information is optional if you do not want the Town Board to provide you with feedback on the decision(s) made, and/or the actions(s) taken. The Town Board may not be able to fully investigate or resolve the problem if the Board is unable to contact you for the purpose of gathering more information. -----

For Town Staff Use -----

Date Received: \_\_\_\_\_

Date Given to Board: \_\_\_\_\_

Supporting Documentation Attached or Referenced:

\_\_\_\_\_

Evaluation, recommendation or action sought from: Building Inspector

\_\_\_\_\_  
Sheriff's Dept.

\_\_\_\_\_

Town's Attorney

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Plan commission

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Information provided by above source:

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Action by Board: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Final Action by Board: \_\_\_\_\_

Date: \_\_\_\_\_

Was it completely resolved? ♦ Yes ♦ No Comments:

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