



Village of Balsam Lake

404 Main St PO Box 506
Balsam Lake, WI 54810

Village Office: 715-485-3424

Village Shop: 715-485-3535

Village PD: 715-485-3544

Email: vobl@lakeland.wi.us Fax: 715-485-9339

Citizens Complaint / Comments / Concerns Worksheet

Date Received: _____ Time: _____ Received By: _____

Complainant Information

Full Name: _____

Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method (Phone / Email / Mail): _____

Type of Submission

Complaint Comment Concern Suggestion

Description of Incident or Issue

Date of Incident: _____

Time: _____

Location: _____

Individuals Involved (if applicable): _____

Detailed Description (please describe the issue, concern, or incident in as much detail as possible):

What outcome or action are you requesting?

Attachments

List or describe any supporting documents, photos, or other materials attached:

Signatures

Complainant Signature: _____ Date: _____

Reviewed By (Official): _____ Date: _____

For Office Use Only

Received By: _____

Date Assigned: _____

Department / Division: _____

Follow-up Contact Date: _____

Resolution / Action Taken: _____

Supervisor Review: _____

Date Closed: _____