

# VILLAGE OF BLOOMINGTON COMPLAINT FORM

**NOTE:** For this form to be processed, all applicable fields are required to be completed except for the Email Address field. Complaints submitted using “Anonymous” for the Name and Address portion will not be processed.

**PLEASE ALSO NOTE:** A complainant’s name and identification information on a complaint form may be released in response to an open records request for complaint(s).

RETURN FORM TO: Village of Bloomington  
Attn: Clerk-Treasurer  
453 Canal Street  
P.O. Box 156  
Bloomington, WI 53804

Phone: (608) 994-3851

Email: bloomingtonvillage@tds.net

Name and Address of Complainant(s):

Primary Phone:

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\*Email Address: \_\_\_\_\_

Reported Address/Location of Violation(s): \_\_\_\_\_

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Date of Incident (if applicable): \_\_\_\_\_ Time of Incident (if applicable): \_\_\_\_\_

Details of Complaint: \_\_\_\_\_

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Signature of Complainant: \_\_\_\_\_

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

FOR OFFICE USE ONLY:

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

Date presented to Personnel Committee (if applicable): \_\_\_\_\_

Date Presented to Board: \_\_\_\_\_

Date Action Taken (if applicable): \_\_\_\_\_

Action Taken: \_\_\_\_\_

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Board Member Signatures:

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_____	_____

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