



**Village of Winneconne  
P.O. Box 488  
Winneconne, WI 54986**

**Village of Winneconne Complaint Action Form**

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

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Staff Only**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

Date/Time resolution was completed and contact made with reporting resident \_\_\_\_\_

\_\_\_\_\_