

Please fill out prior to contacting a Town Board member.

Town of Kinnickinnic Complaint Form

Your Name			Address		Telephone No.	
Name of Person(s) About Whom You are Complaining			Their Address		Their Telephone No.	
Nature of Your Complaint:						
What law, code, rule, etc. do you believe has been or is being violated?						
Have you called the person(s) about whom you are complaining? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If you checked "No," Please explain why?						