



Resident Concern/Complaint  
Request for Service Form  
455 Davis St-Upper Level  
Hammond, WI 54015

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

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

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

Contact Phone #'s & Email: \_\_\_\_\_

Description of Concern/Complaint/Request for Service:

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

Complaint recorded by: \_\_\_\_\_

**CORRECTIVE ACTION**

Complaint forwarded to: \_\_\_\_\_

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

Describe action taken: \_\_\_\_\_

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

Resident advised:            YES            NO            (circle)

Date Complaint Closed: \_\_\_\_\_