

TOWN of ST. CROIX FALLS

POLK COUNTY, WISCONSIN

CITIZEN QUESTION/CONCERN/COMPLAINT POLICY

To ensure a citizen's question, concern or complaint will be acted upon, the best way to make an inquiry, comment or complaint is in writing on a form provided by the Town. The form is available at the Town Hall and Town Website www.townofstcroixfalls.org.

The signed and completed form should be sent US Mail, e-mail, or hand delivered to the Town Hall. The form will then be reviewed. Some questions, concerns and complaints may be dealt with administratively by Town Staff while some issues will require review from the Plan Commission and/or Town Board. The Town official or board will determine what, if any, action will be taken. Upon determination, the citizen who made the request will be notified of the action taken. The Town Board, and Plan Commission if applicable, shall be provided a copy of the completed Citizen Question/Concern/Complaint form.

Persons refusing to file a written, signed form will have their issue heard, but it is possible no action may be taken. In addition, a form can be signed anonymously; however, if signed anonymously the request initiator will not receive notification of action taken.

TOWN OF ST. CROIX FALLS
QUESTION - CONCERN - COMPLAINT
(Please circle one of the above)

Please select the area in which this form concerns:

- | | |
|---|--|
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Zoning Issue |
| <input type="checkbox"/> Highway Issue | <input type="checkbox"/> Ordinance Issue |
| <input type="checkbox"/> Other (please specify) _____ | |

Your Name _____ Phone _____

Address _____

Please indicate below your complaint or concern (attach additional sheets if necessary):

Proposed solution to complaint or concern (attach additional sheets if necessary):

The undersigned understands that by completing this document, an investigation may take place at any violation location listed in the complaint, and that this document is a public record and may be released to any party upon written request in compliance with Open Records Laws. The acceptance of this document creates no legal liability, express or implied, on the Town of St. Croix Falls.

Signature of initiator _____

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Office Use Only

Date Received _____ Resolved: Yes No Pending: Yes No

Action Taken _____

Date of Response to this request _____

Date Given to Town Board or Plan Commission (if applicable) _____