## VILLAGE OF SULLIVAN P.O. BOX 6 SULLIVAN, WI 53178

## **COMPLAINT FORM**

DATE:	
STATE OF COMPLAINT:	
	(Village, businesses, apartments etc)
Below please describe in detail called, places you had to go to or write on the back of this sheet	your complaint; include names of people you've contacted, phones numbers you've try to resolve the problem) (If you need more room for writing, feel free to attach sheets et.)
NAME OF COMPLAINAL ADDRESS: PHONE NUMBER:	NT:

