

**TOWN OF SEYMOUR**

6500 TOWER DRIVE  
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[www.townofseymour.org](http://www.townofseymour.org)

**CITIZENS COMPLAINT FORM**

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

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

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

Phone #: \_\_\_\_\_

Remain Anonymous? YES NO

Violator's Name \_\_\_\_\_

Address \_\_\_\_\_

License Plate if available \_\_\_\_\_

Time of Offense \_\_\_\_\_ Date of Offense \_\_\_\_\_

Location of Offense \_\_\_\_\_

Description of Offense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Official Use Only	
Who responded to the complaint	_____
Resolution	_____
Citation given? YES NO	How much was citation? _____
Code Violation # _____	Offense # 1st _____ 2nd _____ 3rd _____
Date of Previous Complaint	_____