

**River Falls Citizen Complaint
Form**

Complainant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Work _____

Email Address: _____

State nature of the complaint and circumstance surrounding incident:

Signature of Complainant

Date/Time Complaint Received

Date/Time Received by Clerk

Name of individual receiving complaint

Clerk Signature

Place Complaint Taken/How Received

*Please return completed and signed form to the River Falls Clerks Office, 222 Lewis St., River Falls, WI 54022 –
ATTN: City Clerk or email to awhite@RFCITY.ORG.