



Elected Official Complaint Form

To be used to report complaints regarding violations of Common Council Rules, Healthy Workplace Policy, Anti-Harassment Policy, City Ordinances, or WI State Statutes as they relate to the conduct of Elected Officials.

Name of person reporting: _____

Date of Occurrence: ___/___/___ Date of Filing: ___/___/___

(Note: form must be filed within 45 days of the occurrence)

Policy, Ordinance, or Statute in Violation: _____

Statement of relevant facts and dates: _____

Relevant documentation attached: Yes No

List of attached documents: _____

Identities of people with material knowledge: _____

Steps taken to informally resolve the dispute and the results of those discussions: _____

Rationale supporting the Complaint: _____

Requested outcome/remedy: _____

Signature: _____ Today's Date: ___/___/___

Disposition (i.e. settled, withdrawn, processed to Protocol Committee): _____

Please refer any questions, completed forms, and supplementary/supporting materials to City Mayor, Don Merkes, at dmerkes@menashawi.gov or (920) 967-3608.