



## 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Disposition (i.e. settled, withdrawn, processed to Protocol Committee): \_\_\_\_\_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@ci.menasha.wi.us](mailto:dmerkes@ci.menasha.wi.us) or (920) 967-3608.