



601 Main Street West
Ashland WI 54806
Phone 715-682-7071
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GENERAL INQUIRY / REQUEST FOR SERVICE / COMPLAINT FORM

COMPLAINANT INFORMATION *(Please print)*

**REQUIRED INFORMATION*

NAME* _____

ADDRESS* _____

CITY/ST/ZIP* _____

PHONE* _____

EMAIL _____

SIGNATURE* **X** _____

RETURN COMPLETED FORM TO:

CITY OF ASHLAND, CITY CLERK
601 MAIN STREET WEST
ASHLAND WI 54806

Or email to doliphant@coawi.org

Would you like to be notified? Y N

Best contact number: _____

DESCRIPTION OF COMPLAINT (attach additional page(s) if necessary) DATE _____

City Use Only

Department(s) Involved: _____

Response Date: _____

Resolution: _____

Insurance notified? Y N Supervisor Comments: _____