



# COMPLAINT FORM

**Lyndon Station Fire Department**

Po Box 22

Lyndon Station, WI 53944

608-666-2580 Station

[lsfd@charter.net](mailto:lsfd@charter.net)

[www.lyndonstationfire.com](http://www.lyndonstationfire.com)

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **DATE OF INCIDENT:** \_\_\_\_\_

**COMPLAINT IS ABOUT:** \_\_\_\_ Fire Services \_\_\_\_ Medical Services \_\_\_\_ Inspection Services \_\_\_\_ Administration

**BRIEFLY DESCRIBE THE COMPLAINT:**

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Continue on the back if necessary

Please allow two weeks for the investigation and processing of this complaint. If more time is necessary you will be contacted. A copy of this complaint will be forwarded to the Village of Lyndon Station Board after Final Review.

**FIRE CHIEF REVIEW:** \_\_\_\_\_ **INVESTIGATION ASSIGNED TO:** \_\_\_\_\_

**INVESTIGATION DETERMINATION:**

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Attach report if necessary

**FOLLOW UP ACTION:** \_\_\_\_\_

**FINAL REVIEW AND APPROVAL:** \_\_\_\_\_, Fire Chief **DATE:** \_\_\_\_\_