

## WASECA COUNTY COMPLAINT REPORT

Office Claim No.	
Date Received:	
PID No	

The names and personal information of the person making a complaint are not public information and will remain confidential.

Date:	Time:	Emergency- Yes	:
Complaint received by:	□ Phone (Form Mailed)	□ In person	□ Email □ Mail
Parcel Identification Numbe	,		
Location Description:			
Twp:		Section:	1/4 Sect:
Landowner/Resident/Opera	tor of alloged violation:		
Phone Number(s):	tor or alleged violation.		
Mailing Address:			
		1	
Nature of Complaint (including	ing incident date and time, if	known):	
Would complainant like a	follow up?   YES	NO	
Optional Information	<u> </u>		1
		<del> </del>	
Printed Name*	Signature	of Complainant*	<b>N</b>
Phone No*	Address*: SIGN HERE		
* This information is not required p	oursuant to the Minnesota Data Priv	/acy Act (See page 2).	
Office Use Only: Findings from site visit:			
Complaint is:	d ∐ Not Valid	☐ Additional V	iolations Were Discovered
Action taken:			
Referred to (if applicable):			
Follow-up:			
	·		
Date Closed:			

## Data Privacy Act

Waseca County complies with the Minnesota Government Data Practices Act (Minnesota Statues, Chapter 13). The collection, creation, storage, maintenance, dissemination, and access to government data in state agencies, statewide systems, and political subdivisions is governed by the Minnesota Government Data Practices Act.

In accordance with the Minnesota Government Data Practices Act, Waseca County hereby informs you that the personal information we are requesting of you on our registration form is considered private.

Private data on yourself is available to you and to County staff who need to have this information to perform their duties, but not to the public.