

File this form with the Wisconsin Department of Revenue (DOR) if you have a complaint against a municipal assessor **only** for reasons of fraud, neglect, incompetency or misconduct. Filing this request is not part of the property assessment appeal process. If you would like to object to the method used and/or the amount of your assessment, you must go through the property assessment appeal process. For more details, review the Property Assessment Appeal Guide for Wisconsin Real Property Owners at: revenue.wi.gov/pubs/slf/pb055.pdf.

Send completed form and associated documents to DOR within 20 days.

Wisconsin Department of Revenue
Office of Technical & Assessment Services
PO Box 8971 #6-97
Madison WI 53708-8971

Note:

- DOR has authority to investigate and take corrective action, or suspend or revoke certification
- We may provide a copy of your submitted form and documents to the assessor who is the focus of the review

Section 1: Property Owner and Property Information

Owner name			Taxation district <i>(Check one)</i> <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City			County	
Mailing address						Municipality	
City		State	Zip	Street address of property			
Phone () -		Email		City		State	Zip

Section 2: Assessor Information – (complete what you can)

Name			Company name				
Mailing address						Phone () -	
City		State	Zip	Email			

Section 3: Review Request Details

Provide detailed responses to the questions below. Attach additional sheet(s) to explain each response.

1. Describe the issue(s). Provide copies of any documents or other relevant materials to assist in our investigation.

2. Have you made other attempts to resolve the issue(s)? Yes No

3. Have you appealed your assessment to the local Board of Review? Yes No

4. Have you made prior complaints against this assessor? Yes No If yes, provide dates.

5. Who else has information related to the issue(s)? Provide name, address, email and phone number for each person. Include a brief description of the information he/she can provide.

Owner Sign Here ▶	Name <i>(please print)</i>		- For DOR use only - Complaint no. _____ Date received _____	
	Signature	Date - -		