



Resident Complaint Form

*This form must be filled out in its entirety to be accepted by the Township

Today's Date: _____ **Type of Complaint:** _____

Person Submitting Complaint: _____

Complainant Address: _____

Complainant Phone Number: _____ **Complainant Email:** _____

*Written complaints are kept confidential and are protected under Right-to-Know Law, Section 708 Exemptions § 17.

Date of Complaint: _____

Location of Complaint: _____

Description of Complaint (continue on back, if needed): _____

Signature of Complainant: _____

For Official Use ONLY

Date Received: _____ **Accepted By:** _____

Routed To: Board of Supervisors Administrator Zoning & Planning
 Public Works Finance Other: _____

Notes: _____

Action Taken: _____