

**EAST NOTTINGHAM TOWNSHIP**

**COMPLAINT FORM**

DATE: \_\_\_\_\_

\*NAME OF PERSON MAKING COMPLAINT: \_\_\_\_\_

\*PHONE # OF PERSON MAKING COMPLAINT: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLAINT RESOLVED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

- **Must be completed. Township will not act on an anonymous complaint.**