

EAST PENN TOWNSHIP

167 Municipal Road
Lehighon PA 18235

Rev. 5/2008

COMPLAINT FORM

ADDRESS / LOCATION of COMPLAINT: _____

Date of Complaint / Occurance: _____

Type of Complaint: () Road () Zoning () Permit () Other
(please check)

DETAILS OF COMPLAINT / OCCURANCE:

[Empty box for details of complaint]

How May We Contact You?

Your name & contact info is required. We do NOT accept anonymous complaints.

Phone Number: _____ Email: _____ Best Time: _____

Signature: _____ Date: _____
(Required)

Print Name: _____

For Office Use Only –

Date Received: _____ Received By: _____

Referred To: _____ Date Referred: _____

Investigation Report:

Status Report to Complainant: Date: _____ By: _____

Follow-Up: () Yes () No If Yes, follow-up date: _____ By: _____

Letter to be Sent: () Yes () No Date Letter Sent: _____
(attach copy of letter)