



Date _____

CITIZEN COMPLAINT FORM

We do NOT accept anonymous complaints. This form MUST be completed prior to submitting. Your information will become public record upon receipt by North Cornwall Township.

Complainant's Information:

Name _____

Address _____

Phone: Home _____ Work _____ Cellular _____

E-Mail Address: _____

Would you like to be contacted after the complaint/violation is inspected? YES NO

Complaint Information:

Location of suspected violation _____

Owner's Name _____

Address _____

Phone: Home _____ Work _____ Cellular _____

Description of Complaint/Violation _____

Internal Use ONLY:

Date Received _____

Received By _____

Complaint forwarded to _____ Date _____

Complaint founded YES NO Notice of Violation Sent YES NO Date Sent _____

Complainant Contacted YES NO Date _____