DATE: _____ NO#_____

INDEPENDENCE TOWNSHIP
COMPLAINT FORM

POSSIBLE VIOLATOR

NAME _____ PHONE NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COMPLAINT INFORMATION

LOCATION OF PROBLEM _____

DATE PROBLEM REPORTED _____

PERSON MAKING COMPLAINT _____

DESCRIPTION OF PROBLEM / VIOLATION

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE OF COMPLAINTANT _____

FOLLOW UP / RESOLVED _____