

Complaints can have SERIOUS and possibly UNINTENDED CONSEQUENCES. PLEASE CONSIDER CAREFULLY BEFORE REGISTERING COMPLAINTS AGAINST FELLOW MEMBERS OF YOUR COMMUNITY. In order to facilitate any investigation or any subsequent action, we **require** that the complainant provide their contact information and sign this form. Complaints may result in proceedings that require witness testimony if a hearing is deemed necessary. Anyone filing a complaint must understand the possibility of being a witness and may be subpoenaed to testify in any proceedings.

If the information on this form is not Printed Legible or Missing Contact Information, THE COMPLAINT WILL NOT BE ACCEPTED. PLEASE PROVIDE AS MUCH INFORMATION REGARDING THE COMPLAINT ALONG WITH PHOTOGRAPHS. The more information you can provide, the better you can assist our officials with their investigation of your complaint. Please feel free to use the back of this form for additional space.

Complaint Form

Your Name: _____

Your Address: _____
Street City: State: Zip Code

Phone _____ Cell _____ Email: _____

Please Investigate the following:

Site Address of Complaint: _____
(Must have valid address of complaint to investigate)

Municipality of the Site

County of the Site

Specific Complaint: *(Please be as specific as possible to assist our staff in properly investigating your complaint. Please provide property address, cross streets, person name, etc. You may attach additional pages if necessary.)*

By signing below, I understand the consequences of my actions if I choose to file a complaint as outlined above. I also permit any Municipal Code Officer access to my property to investigate any complaints that may be on this property or neighboring properties to assist with their investigation. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

Signature (required): _____ Date: _____

▶ Please allow a minimum of five (5) working days to investigate complaint before you contact our office. ◀

DO NOT WRITE BELOW THIS LINE- FOR MUNICIPALITY & PMCA OFFICIAL USE ONLY

▶▶ MUNICIPALITY MUST COMPLETE this gray box prior to submitting to PMCA ◀◀

Submitted to the Municipality via: U.S. Mail Fax In-Person Email Other _____

Owner Name(s) of Parcel discussed above _____ Parcel I.D. _____

Complete Mailing Address of Owner of Property _____

Date received: ____ / ____ / ____ Received by: _____

Date inspection: ____ / ____ / ____ Inspected by: _____

Findings: _____

