COMPLAINT REPORTING FORM

Name of Person Making the Complaint:

Address of Complainant:

Phone Number / Email of Complainant:

Name of Alleged Violator (if known):

Address of Alleged Violator:

Physical Location of Alleged Violation:

Dates of Violation(s):

Times of Violation(s):

Additional Information to Assist in Investigation:

Nature of Complaint:

By completing this Complaint Form, the Complainant understands that his/her identity may be revealed to the violator and the Complainant agrees to cooperate in the investigation of the Complaint, including the possibility of testifying in a court or quasi-judicial proceeding as part of a prosecution for a violation of a township ordinance.

Complainant’s Signature: Date:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Complaint Forwarded to the following for investigation:

 Supervisor Police Code/Zoning/UCC Enforcement Date:

Disposition of Complaint:

Notification to Complainant:

Signature of Investigating Officer: Date: