

HAINES TOWNSHIP
CITIZEN COMPLAINT FORM

YOUR NAME: _____

YOUR ADDRESS: _____

DAYTIME PHONE: () _____ EVENING PHONE: () _____

DATE OF INCIDENT: ___/___/___ TIME OF INCIDENT: _____ AM / PM _____

LOCATION OF INCIDENT: _____

NATURE OF THE COMPLAINT: (Attach additional sheets if necessary.)

TODAY'S DATE: ___/___/___

YOUR SIGNATURE: _____

RETURN COMPLETED FORMS TO: HAINES TWP., PO. BOX 244, AARONSBURG, PA 16820-0244
OR RETURN VIA EMAIL: hainestownship@verizon.net

FOR INTERNAL USE ONLY BY HAINES TOWNSHIP

REPORT #: _____ DATE RECEIVED: _____ TIME RECEIVED: _____

ASSIGNED TO: _____ DATE ASSIGNED: _____

DATE INVESTIGATION COMPLETED: ___/___/___

FINDINGS: _____

