

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

If the information on this form is not Printed Legible or Missing Contact Information, THE COMPLAINT WILL NOT BE ACCEPTED. For a thorough investigation, please provide as much details as possible and provide photographs. If you need additional space, please use the back of this form.

## Complaint Form

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ 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 as much information as you can, including: property address, cross streets, person's name, complaint, etc. If you need additional space, please use the back of this form.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I understand the consequences of my actions if I choose to file a complaint as outlined above. I also permit any Building Code Officials access to my property to investigate any complaints that may be on 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 the complaint)*

**DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)**

Required to be filled out by Municipal Office Personnel or Municipal Official prior to submitting to Code Agency/Officer

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 Inspected: \_\_\_/\_\_\_/\_\_\_ Inspected by: \_\_\_\_\_

Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_