

# TOWNSHIP OF FRAZER

*Pennsylvania*

Code Enforcement Department

## COMPLAINT FORM

Complainant Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

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Complaint filed against: \_\_\_\_\_

Address where Complaint located: \_\_\_\_\_

Length of time problem has existed: \_\_\_\_\_

Nature of Complaint (Please use the appropriate space to detail and describe the Complaint: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

***As a policy, Frazer Township will investigate the above referenced complaint once this form is appropriately completed and signed where indicated. Failure to sign and complete this form will void the investigative process.***

**TOWNSHIP USE ONLY:**

**Date Received:** \_\_\_\_\_ **Received By:** \_\_\_\_\_ **File No:** \_\_\_\_\_