



PLAINFIELD TOWNSHIP

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COMPLAINT FORM

**RETURN COMPLETED FORM TO ADDRESS ABOVE.
ANONYMOUS COMPLAINTS WILL NOT BE PROCESSED.**

COMPLAINT FILED BY:

NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

COMPLAINT REFERRING TO:

NAME _____

ADDRESS _____

DESCRIPTION OF COMPLAINT:

ATTACHED ADDITIONAL PAGES/ DOCUMENTATION IF NEEDED

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____

FORWARDED TO: ZONING MANAGER ROAD TREASURY ADMIN KEYCODES

STATUS UPDATES

DATE _____ UPDATE _____

DATE _____ UPDATE _____

DATE _____ FINAL RESPONSE SENT TO FILER