



# HARMONY TOWNSHIP COMPLAINT FORM

USE THIS FORM FOR QUALITY OF LIFE COMPLAINT ONLY.  
THIS IS NOT A CRIMAL COMPLAINT FORM, PLEASE VISIT THE MUNICIPAL COURT  
OFFICE OR POLICE DEPARTMENT FOR INSTRUCTIONS ON FILING A CRIMINAL  
COMPLAINT.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME AND ADDRESS OF LOCATION OF COMPLAINT:

\_\_\_\_\_

NATURE OF COMPLAINT: PLEASE CHECK ALL THAT APPLY.

Zoning     Property Maintenance     Storm Water Drainage

Dog/Cats     Township Personnel     Other

PROVIDE DETAILS OF YOUR COMPLAINT: USE ADD'L SHEETS IF NECESSARY

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

SIGNATURE AND DATE: \_\_\_\_\_

MISC:

1. HAVE YOU DISCUSSED THIS MATTER WITH THE PERSON PRIOR? YES/NO  
IF YES, WHEN? \_\_\_\_\_
2. HAVE YOU MADE A SIMILAR COMPLAINT PRIOR? YES/NO  
IF YES, WHEN? \_\_\_\_\_
3. WHAT IS THE NAME OF THE TOWNSHIP EMPLOYEE WHO ASSITED YOU AT THAT  
TIME: \_\_\_\_\_

# FOR TOWNSHIP USE ONLY

NAME OF EMPLOYEE, DEPARTMENT AND DATE COMPLETING THIS FORM:

\_\_\_\_\_

REFERRED BY ADMINISTRATOR TO:

- ZONING     CONSTRUCTION/CODE ENFORCEMENT     PUBLIC WORKS
- ENGINEER     ATTORNEY     STATE POLICE
- BOARD OF HEALTH     ANIMAL CONTROL     OTHER

ACTION TAKEN AND DATE:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_