

# HAMILTON TOWNSHIP OFFICIAL COMPLAINT FORM

272 MUMMERTS CHURCH ROAD ABBOTTSTOWN, PA 17301 717-259-7237

DATE OF COMPLAINT: \_\_\_\_\_ TIME OF COMPLAINT: \_\_\_\_\_

COMPLAINT MADE BY:

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

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

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

SIGNATURE: \_\_\_\_\_

DETAILS OF COMPLAINT (please be as specific as possible, continue on back if necessary):

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

DATE RECEIVED BY TOWNSHIP: \_\_\_\_\_

OFFICIAL OR EMPLOYEE'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**By signing this complaint you agree to testify in court on this subject matter if necessary.**

ACTION TAKEN BY TOWNSHIP:

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

DATE OF ACTION TAKEN: \_\_\_\_\_

OFFICIAL OR EMPLOYEE'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_