

Edinburg Township Resident Complaint Form

Resident Name: _____ Phone No. _____

Street Address: _____

City/State/Zip: _____

Complaint: (be specific and include all details): _____

Internal Use Only:

Taken By: _____ Date _____

Department: _____

Referred To: _____ Date _____

Action Taken: _____ Date _____

Comments: _____

Follow-Up with Resident: Yes _____ No _____

Comments: _____
