

HEMPFIELD TOWNSHIP ORDINANCE DEPARTMENT COMPLAINT FORM

Date Complaint Received: _____	Time Received: _____
Complaint Received By: _____	
Complaint Reported By: _____	
Phone No.: _____	
Location: _____	
Owner: _____	
Address: _____	
Occupant (If different than owner): _____	
Type of Complaint: _____	

Officer Handling Complaint: _____	
Date Investigated: _____	Time Investigated: _____
Action Taken: _____	

Follow-Up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	

Summary: _____

