

**Union Township  
COMPLAINT FORM**

Date Complaint Taken: \_\_\_\_\_ Complaint R'cd By: \_\_\_\_\_

**Name and Address of Complainant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Name and Address of Complaint**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Nature of Complaint:**

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

**Action Taken:**

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

Action Taken Date: \_\_\_\_\_ By: \_\_\_\_\_