

**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: _____