

HAYES TOWNSHIP
COMPLAINT FORM

Date: _____

Name: _____ Do you request your name withheld? Yes

Contact Phone Number: _____

Address of Complaint: _____

Nature of Complaint: (Please Print Clearly) (Use Additional Sheet if Necessary)

_____ Office Use Only _____

Assigned to: Ordinance Enforcement Zoning Administrator Date: _____

Action Taken: Investigate Letter Issued Citation Issued # _____

Follow-up Required: Yes No

Findings of Fact:
