



**Union Township
Berks County, Pennsylvania**

Complaint Form and Report

Date: _____ **Time Received:** _____ **Received By:** _____

Person making Complaint/Request must complete the form completely and sign below: Please note complainant identification is exempt from any Right-to-Know information requests received.

Name: _____ **Daytime Phone #:** _____

Address: _____ **E-mail:** _____

Location/Address of Complaint: _____

Description/Explanation of Complaint: Please use reverse side if additional space is needed. Attach any photos or drawings:

Signature(s) of Complainant: _____ **Date:** _____

(For Township Use)

Date of On-Site Investigation: _____ **Time:** _____

Person Investigating: _____

Findings (Citing sections of applicable Ordinances):
