Complaint #: _____
(For Staff Use Only)

Halfmoon Township Office

1948 Halfmoon Valley Road
Port Matilda, PA 16870
(814) 692-9800

FORMAL COMPLAINT

Date: _____
Name(s): _____
Address: _____
Phone Number(s): _____
Email(s): _____

Complaint:_____
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*Complainant Signature: _____

**Please Note: If officially submitted to Halfmoon Township staff for review, this formal complaint is subject to Open Records Right-to-Know Law and can be obtained publicly upon request. All complaints must be signed to be officially acknowledged; no anonymous complaints will be accepted.*

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Township Response:

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