



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870
TELEPHONE : (814) 692-9800 · FAX : (814) 692-7585
www.halfmoontwp.us

FORMAL COMPLAINT FORM

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

COMPLAINT:

** 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.*

STAFF USE

ONLY: RECEIVED BY: _____ DATE RECEIVED: _____ COMPLAINT #: _____



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TOWNSHIP RESPONSE:

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ONLY:**

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