HALFMOON TOWNSHIP
100 MUNICIPAL LANE
PORT MATILDA, PA 16870

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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PORT MATILDA, PA 16870

TOWNSHIP RESPONSE:

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