

# EAST PENN TOWNSHIP

167 Municipal Road

Lehighton PA 18235

Rev. 7/21/25

## COMPLAINT FORM

Date of Complaint: \_\_\_\_\_

Person Filing Complaint: We do *NOT* accept anonymous complaints.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

All personal information is kept confidential. We will not disclose any names, numbers or emails. The above information is necessary in the event that additional information is required.

### Property Information:

Address of Violation: \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

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*Use back of form for additional writing space.*

Is the violation visible from a public right-of-way: Yes / No

Is the violation visible from your property: Yes / No

If necessary, do we have consent to enter your property to view the violation: Yes / No

### *For Office Use Only –*

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Referred To: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Investigation Report:

Status Report to Complainant: Date: \_\_\_\_\_ By: \_\_\_\_\_

Follow-Up: ( ) Yes ( ) No If Yes, follow-up date: \_\_\_\_\_ By: \_\_\_\_\_

Letter to be Sent: ( ) Yes ( ) No Date Letter Sent: \_\_\_\_\_  
(attach copy of letter)