EAST PENN TOWNSHIP
167 Municipal Road
Lehighton PA 18235

Rev. 7/21/25

COMPLAINT FORM

Date of Complaint:_____

Person Filing Complaint:

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:_____

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)