

LUZERNE COUNTY

858 MAIN STREET, SUGARLOAF, PA 18249

Complaint Form

Received by _____ Date _____ Time _____ Complaint # _____

Section 1.

COMPLAINANT NAME _____ PHONE # _____

ADDRESS _____ ZIP CODE _____

SIGNATURE _____ DATE _____

LOCATION OF COMPLAINT _____

SPECIFIC NATURE OF COMPLAINT

All information in section 1 must be completed in order for the township to process this complaint.

Section 2. *Township use only*

Department referred to _____

Complainant contacted by: Phone _____ Mail _____ Date _____

Action taken _____

Date Completed _____ Signature _____