North Franklin Township

620 Franklin Farms Rd Washington PA 15301

COMPLAINT FORM

Date Complaint Taken: _____ Received By: _____

Received Via (check): _____ In-Person _____ Email _____ Phone Call

Name and Address of Complainant

Name: _____

Address: _____

Phone: _____ Email: _____

Name and Address of Complaint

Name: _____

Address: _____

Nature of Complaint

_____

_____

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