

Complaints can have **SERIOUS** and possibly **UNINTENDED CONSEQUENCES**. PLEASE CONSIDER CAREFULLY BEFORE REGISTERING COMPLAINTS AGAINST FELLOW MEMBERS OF YOUR COMMUNITY. In order to facilitate any investigation or any subsequent action, we **require** that the complainant provide their contact information and sign this form. Complaints may result in proceedings that require witness testimony if a hearing is deemed necessary. Anyone filing a complaint must understand the possibility of being a witness and may be subpoenaed to testify in any proceedings.

If the information on this form is not Printed Legible or Missing Contact Information, **THE COMPLAINT WILL NOT BE ACCEPTED**. PLEASE PROVIDE AS MUCH INFORMATION REGARDING THE COMPLAINT ALONG WITH PHOTOGRAPHS. The more information you can provide, the better you can assist our officials with their investigation of your complaint. Please feel free to use the back of this form for additional space.

► Liberty Township Complaint Form ◀

Your Name: _____

Your Address: _____
Street *City:* *State:* *Zip Code*

Phone _____ *Cell* _____ *Email:* _____

Please Investigate the following:

Site Address of Complaint: _____
(Must have valid address of complaint to investigate)

_____ ***Municipality of the Site*** _____ ***County of the Site***

Specific Complaint: *(Please be as specific as possible to assist our staff in properly investigating your complaint. Please provide property address, cross streets, person name, etc. You may attach additional pages if necessary.)*

Upon subsequent receipt of repeated complaints, the Township will require the payment of a deposit by the complainant in the amount of Fifty (\$50.00) Dollars to be paid in advance of any investigation by the Township and which shall cover the costs of investigation by the Township.

- ▶ In the event the complaint is determined to be unfounded, the aforementioned deposit shall be forfeited.
- ▶ In the event the complaint is determined to be founded such that a notice of violation letter is issued consistent with this Ordinance, then the aforementioned deposit shall be returned to the complainant.

By signing below, I understand the consequences of my actions if I choose to file a complaint as outlined above. I also permit any Building Code Officials access to my property to investigate any complaints that may be on neighboring properties to assist with their investigation. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

Signature *(required)*: _____ Date: _____

▶ Please allow a minimum of five (5) working days to investigate complaint before you contact our office. ◀

DO NOT WRITE BELOW THIS LINE- OFFICIAL USE ONLY

Required to be filled out by **Municipal Office Personnel or Municipal Official** prior to submitting to Code Agency/Officer
Submitted to the Municipality via: U.S. Mail Fax In-Person Email Other _____

Owner Name(s) of Parcel discussed above _____ Parcel I.D. _____

Complete Mailing Address of Owner of Property _____

Date received: ____/____/____ Received by: _____
Date inspection: ____/____/____ Inspected by: _____

Findings: _____

For your information: A complaint that results in an investigation is not subject to a Right to Know request. Copies of this complaint shall **ONLY** be released upon receipt of a subpoena or a court order.