

Chester Township Complaint Form

Date: _____ Person Receiving Complaint: _____

Complainant *(may be anonymous)*

Name: _____

Address: _____

Telephone: _____

Nature of Complaint: _____

Defendant/Responsible Party

Name: _____

Address: _____

Telephone: _____

Parcel Number(s): _____

Investigation

Date: _____ Investigator: _____

Findings

Description: _____

Action Taken: _____
