



Tel: (717) 486-7424
Fax: (717) 486-8412
www.dickinsontownship.org

Complaint # _____
Date Complaint Filed: _____

RESIDENT COMPLAINT FORM

Dickinson Township residents may file a complaint with the Township by completing the following information concerning the issue. The Township desires to hear and meet the needs of residents, while staying within the limits of authority as provided in the ordinances of the Township and treating residents fairly and equitably. The Township requires that you attempt to work out differences among neighbors prior to filing complaints with the Township. The Township will not be involved in feuding and will attempt to bring violators of ordinances into voluntary compliance prior to resorting to prosecution as provided by ordinances.

**The Township Zoning Officer reserves the right to not respond to verbal complaints that are not filed by form.*

PERSON FILING COMPLAINT:		
Address:		
City:	State:	Zip:
Phone:	Email:	
IF THIS COMPLAINT IS AGAINST ANOTHER PARTY, PLEASE COMPLETE THE FOLLOWING:		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
NATURE OF COMPLAINT:	(Attach additional sheet of paper if necessary)	
Dates of Occurrence:		
List actions/steps you have taken to resolve the matter:		
If this situation is a violation of an ordinance and results in prosecution in a court of law, are you willing to testify in the case? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature of Complaint: _____

Date: ____/____/____

OFFICIAL USE ONLY

Complaint Received by: _____

Date: ____/____/____

Does Complaint Violate an Ordinance?

☐ Yes

☐ No

List Ordinance # _____

Action Taken or Required: _____

Violation # (if applicable): _____

Date Complaint Closed: ____/____/____

Enforcement Officer's Signature: _____