

**FOSTER TOWNSHIP ZONING OFFICE**

**1000 Wyoming Ave., P.O. Box 465**

**Freeland, PA 18224**

**(570) 636-3757**

**Complaint Form**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Complainant (s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. #: \_\_\_\_\_

Nature of Complaint: With Full Name & Address & Phone No. # Attach Sheets if Necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Received Complaint: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

Date of Action Taken: \_\_\_\_\_

Explain Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Filed w/Magistrate if Necessary: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*All Information is Required For Processing & Signature*

White - Zoning Office

Yellow - Complainant

Pink - Defendant

Gold - Supervisors