

**Colerain Township Resident's Complaint Form**

DATE OF COMPLAINT: \_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_, make the following complaint to the Colerain Township Board of Supervisors concerning the following:

Address of Complaint: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

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

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



**For Township Use Only:**

Disposition of Complaint:

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

Signature of Township Official: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

**Notes:**

- 1. All complaints must be signed.**
- 2. A photo must accompany complaint form. Please take note that you may not enter private property. All photos must be taken from a public right of way.**

Return to: Colerain Township 1803 Kirkwood Pike Kirkwood, PA 17536  
Email: [colerain@epix.net](mailto:colerain@epix.net)  
Fax: 717-529-2570