

**DONEGAL TOWNSHIP, WASHINGTON COUNTY, PA
OFFICIAL COMPLAINT FORM**

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____

Date of Condition or Incident: _____

Nature of Complaint: (Use Rear of Sheet, if Necessary) _____

Desired Result: _____

Signed: _____ Date: _____

Office Use Only: Received By _____ Date _____

Referred to (Supervisor, Police, Road, Office, Other) _____