Anthony Township Board of Supervisors
Standard Complaint Form

Complaint/Concern By:

Name: _____

Address:_____

_____

Phone #:_____(optional)

Details of complaint/concern: (If more space is needed use back of form.)

_____
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Signature:_____ Date:_____

Action by township office personnel:_____
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_____
_____
_____

Signature:_____ Date:_____Time:_____

Action by Supervisors:_____
_____
_____
_____
_____
_____
_____

(Optional) Satisfied--Yes □ No □ If No, please submit another complaint form

Signature of Complainant_____