

## PROVIDENCE TOWNSHIP COMPLAINT FORM

Thank you for taking the time to share your concern. Our township is committed to addressing issues promptly and fairly. Please complete all sections of this form. ***We do not accept anonymous complaints.*** Your name and contact information will be kept **confidential** but are required so we can follow up if clarification is needed.

Complainant (Filer) Information (Required)			
<b>Date of Complaint</b>			
<b>Full Name</b>			
<b>Home Address</b>			
<b>Phone Number</b>		<b>Email Address</b>	

Complaint Details (Required)	
<b>Address or Location of the Issue</b>	
<b>Nature of the Complaint:</b> (Please describe the issue in as much detail as possible. Include dates, times, individuals involved, and any other relevant information.) If you have photos, documents or other supporting materials, please attach them or describe them below.	

Signature of Complainant (Required)		
<b>X</b>	<b>Date</b>	

Return this form to: Providence Township, 200 Mt. Airy Rd., New Providence, PA 17560  
 Email: [Vicki@providencetownship.com](mailto:Vicki@providencetownship.com)  
 Fax: 717-786-2565  
 After hours drop box at the township office

For Township Use Only (Follow Up Action)			
<b>Date</b>		<b>Action</b>	
<b>Date</b>		<b>Action</b>	