



# BOROUGH OF HOMESTEAD

ALLEGHENY COUNTY, PENNSYLVANIA

---

## RESIDENT COMPLAINT FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

LOCATION (IF OTHER THAN ABOVE): \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

**PLEASE NOTE: Under the Freedom of Information / Right to Know Law this signed complaint will be produced upon written request.**

COMPLAINANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

FORWARDED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

RESULT OF INVESTIGATION: \_\_\_\_\_

INVESTIGATED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

ACTION TO BE TAKEN BY TOWN: \_\_\_\_\_

RESIDENT ADVISED OF RESULTS ON: \_\_\_\_\_