



**TOWNSHIP OF FALLS**  
188 LINCOLN HIGHWAY, SUITE 100, FAIRLESS HILLS, PA 19030  
215-949-9000

**COMPLAINT FORM**

**LOCATION OF COMPLAINT**

**DATE:**

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**DESCRIPTION OF COMPLAINT:**

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**ACTION TAKEN:**

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PLEASE USE REVERSE SIDE IF MORE SPACE IS NEEDED.

NAME OF COMPLAINTENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PLEASE PRINT

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

**Office Use Only**

1. Date-stamp original and return to Manager's Office.
2. Forward a copy to appropriate Department Head for response.
3. The Department Head will return a copy with results noted to the Township Manager.

NAME OF EMPLOYEE REFERRED TO: \_\_\_\_\_

DATE REFERRED TO EMPLOYEE: \_\_\_\_\_

EMPLOYEE SIGNATURE ACCEPTING COMPLAINT AT FRONT COUNTER: \_\_\_\_\_