



DOUGLASS TOWNSHIP, MONTGOMERY COUNTY
1320 EAST PHILADELPHIA AVENUE
GILBERTSVILLE PA 19525

COMPLAINT FORM

Complaint filed by: NAME: _____
ADDRESS: _____
PHONE NUMBER/E-MAIL: _____
SIGNATURE: _____ DATE: _____

Complaint filed against: NAME: _____
ADDRESS: _____

Complaint: (Please describe): _____

FOR OFFICE USE ONLY

Department Referred To: _____
Date of Inspection: _____

Findings: _____

Action Taken: _____

Amount of Time Allocated: _____

Signature: _____