



COMPLAINT FORM

Complaint From: _____

Address: _____

Phone: _____

Date of Complaint: _____

Complaint via: in person phone conversation

Complaint against: _____

Address: _____

Phone: _____

Complain Lodged: _____

Taken by: _____

Action Taken: _____

Pursuant to the provisions of the Pennsylvania Right to Know Act, this document and its contents MAY be subject to disclosure to any person filing a request for a copy with the Township. Right to Know Act request will be evaluated by Allen Township on a case by case basis in accordance with the requirements of the Right to Know Act.”

Some Complaints are clearly not subject to disclosure under §708(17). However, there is a possibility that the Complaint could be disclosed under certain circumstances.

