



# East Donegal Township

Lancaster County, Pennsylvania

## EAST DONEGAL TOWNSHIP COMPLAINT FORM

Complaints can have serious and possibly unintended consequences. Please consider carefully before registering complaints against fellow member of your community. In order to facilitate any investigation or any subsequent action, we **require** that the complainant provide their contact information and sign this form. Complaints may result in proceedings that require witness testimony if a hearing is deemed necessary. Anyone filing a complaint must understand the possibility of being a witness and may be subpoenaed to testify in any proceedings.

If the information on this form is not Printed Legible or Missing Contact Information, the complaint will **NOT** be accepted. Please provide as much information regarding the complaint along with photographs. The more information you can provide, the better you can assist our officials with their investigation of your complaint. Please feel free to use the back of this form for additional space.

For complaints regarding roads maintained by the state, you must contact PennDOT - 1-800-FIX-ROAD.

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Your Name(s): \_\_\_\_\_

Your Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Please investigate the following:

Site of Address of Complaint: \_\_\_\_\_  
(Must have valid address of complaint to investigate)

**East Donegal Township**

**Lancaster County, PA**

**Specific Complaint:** *(Please be as specific as possible to assist our staff in properly investigating your complaint. Please provide property address, cross streets, person(s) name. You may attach additional pages if necessary).*

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Upon subsequent receipt of repeated complaints, the Township will require the payment of a deposit by the complainant in the amount of Fifty (\$50.00) Dollars to be paid in advance of any investigation by the Township and which shall cover the costs of the investigation by the Township.

- In the event the complaint is determined to be unfounded, the aforementioned deposit shall be forfeited.
- In the event the complaint is determined to be founded such that a notice of violation is issued consistent with the Ordinance, then the aforementioned deposit shall be returned to the complainant.

By signing below, I understand the consequences of my actions if I choose to file a complaint as outlined above. I also permit any authorized Township Official access to my property to investigate complaints that may be on neighboring properties to assist in their investigation. I further certify that this information is true and correct to the best of my knowledge and belief.

Signature (*required*): \_\_\_\_\_ Date: \_\_\_\_\_

- Please allow a minimum of seven (7) working days to investigate the complaint before you contact our office.

**DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY**

Submitted to Municipality via: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
Owner Name(s) of Parcel discussed above _____	_____ 150- Parcel I.D.
Complete Mailing Address of Owner of Property _____	

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Received by: \_\_\_\_\_

Date inspected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Inspected by: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed Forms may be turned into:**

**East Donegal Township  
190 Rock Point Road  
Marietta, PA 17547  
717-426-3167  
Fax: 717-426-4881  
Email:  
Township Manager - [scott@eastdonegaltwp.com](mailto:scott@eastdonegaltwp.com)  
Zoning Officer/BCO - [shannon@eastdonegaltwp.com](mailto:shannon@eastdonegaltwp.com)  
Public Works Director – [robert@eastdonegaltwp.com](mailto:robert@eastdonegaltwp.com)**