

# BEDFORD TOWNSHIP SUPERVISORS

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RICKY P. FETTER

## COMPLAINT REPORT

DATE \_\_\_\_\_

Your Name: (Print name) \_\_\_\_\_ PHONE \_\_\_\_\_

Your Address: \_\_\_\_\_

Name & Address of Complaint: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

COMPLAINT/PROBLEM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_  
(person filing complaint)

RECEIVED \_\_\_\_\_

DATE (S) INVESTIGATED \_\_\_\_\_

ACTION RECOMMENDED \_\_\_\_\_

\_\_\_\_\_