



ROSS TOWNSHIP
1000 Ross Municipal Drive
Pittsburgh, PA 15237
Phone: (412) 931-7055 Fax: (412) 931-3508

COMPLAINT FORM

COMPLAINANT INFORMATION

Name of Complainant: _____

Street Address: _____ Suite/Floor/Apartment: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Fax: () _____ - _____ Email: _____

PLEASE INVESTIGATE THE FOLLOWING:

Date of request: _____ Submitted via: U.S. Mail Fax In-person Email

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

Please allow our staff a minimum of five (5) days to investigate this complaint before you contact our office.

(DO NOT WRITE BELOW THIS LINE- TOWNSHIP USE ONLY)

Date Received: _____ / _____ / _____ Received by: _____

Date Inspected: _____ / _____ / _____ By: _____

Findings: _____
