

COMPLAINT FORM/REQUEST FORM

Person filing :

Name _____ Date _____

Address _____

Complaint or Request:

Signature _____

<p>BUFFALO TOWNSHIP OFFICE USE</p> <p>Date: _____</p> <p>Follow Up _____</p> <p>Signature _____</p>
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BUFFALO TOWNSHIP COMPLAINT PROCEDURE:

NO COMPLAINTS WILL BE HANDLED BY PHONE

**ANYONE MAKING A COMPLAINT MUST BE A RESIDENT OF
BUFFALO TOWNSHIP AND MUST SHOW ID AS PART OF THE
COMPLAINT PROCEDURE TO ESTABLISH YOU ARE A RESIDENT
OF BUFFALO TOWNSHIP.**

**ANYONE WISHING TO FILE A COMPLAINT MUST COMPLETE A
FORM AVAILABLE AT THE TOWNSHIP OFFICE.**

**NO COMPLAINTS WILL BE ACTED UPON UNLESS A WRITTEN
COMPLAINT HAS BEEN COMPLETED AND TURNED INTO THE
OFFICE SECRETARY.**