

Keating Township

McKean County, PA

7160 Route 46 Smethport PA 16749

(814) 887-9921

www.keatingtp.com

RESIDENT COMPLAINT FORM

The Township can only enforce the Township's rules, regulations, and Ordinances. Private, civil, or criminal disputes are not regulated by the Township's Ordinances. The Township encourages residents to contact an attorney or the police to resolve such disputes as may be appropriate.

In order to facilitate any investigation of a violation of the Township's Ordinances, we require that the complainant provide their contact information and sign this form. All written complaints are confidential and are not subject to inspection under the Pennsylvania Right-to-Know Law. 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. Please provide as much information regarding the complaint including photographs and/or video evidence. The more information you can provide, the better you can assist our code enforcement officers with their investigation of your complaint. If you need confirmation that your complaint was received, please contact the township office. The office will not contact you to keep you informed. **If the information on this form is illegible or if contact information is missing, the complaint will not be accepted.**

Complainant Information	
Name(s):	
Mailing Address:	
Phone:	Email:
Permission to view subject property from your property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Violation/Complaint Information	
Address of violation:	
Date/Time violation(s)/complaint(s) were observed:	
Nature of violation(s)/complaint(s) (unsafe structure, noise, etc.):	
Please describe violation(s)/complaint(s) in detail (use back of page if necessary):	
List actions, if any, that you have taken to resolve the matter before submitting this complaint:	

Signature of Complainant: _____ Date: _____

OFFICIAL USE ONLY	
Complaint Received By:	Date Received:
Does complaint violate an ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ordinance #:
Action Required:	
Date Complaint Closed:	Officer Signature: