



# Valley Township

1145 West Lincoln Highway  
Coatesville, PA 19320  
(610) 384-5751/FAX (610) 384-2746

## Complaint Form

Date of complaint: \_\_\_\_\_ Complaint by: \_\_\_\_\_

Your name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell or work number: \_\_\_\_\_

Address of violation: \_\_\_\_\_

Owner of property in violation: \_\_\_\_\_

Nature of complaint:

The above information is accurate to the best of my knowledge. I also understand that the township may need my testimony in any court proceeding, which may result from my complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

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### *For office Use Only*

Incident # **2024-**\_\_\_\_\_

Assigned to: \_\_\_\_\_

Date Investigated: \_\_\_\_\_

Inspector: \_\_\_\_\_

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

See Reverse Side for Action Taken and Follow-Ups



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## Action(s) Taken

Photos taken: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ On file

Person(s) contacted & contact information: \_\_\_\_\_

\_\_\_\_\_

Violation issued? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of notice \_\_\_\_\_

Days to comply: \_\_\_\_\_ Extension approved \_\_\_\_\_ Yes \_\_\_\_\_ No

Citations issued: \_\_\_\_\_ Yes \_\_\_\_\_ No By whom: \_\_\_\_\_

Witness list & contact information:

Final Disposition:

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date