Jackson Township

West Salem, Ohio 44287

799 County Road 175

419-945-2292

Complaint Filed By: Name: Address: Telephone: Signature: Date: Date: Describe in detail the complaint. Use additional paper if needed. Attach any additional documentation, such as pictures, police report etc. that you believe to be pertinent to this complain documentation, such as pictures, police report etc. that you believe to be pertinent to this complain Location of the complaint: Property Owner (if known) Name: Address: What to do with the completed form: Mail to address at the top of this form. Township Use Only Complaint Received by:		Complaint Form
Address:	Complaint Filed By:	
Telephone:	Name:	
Signature:	Address:	
Date:	Telephone:	
Describe in detail the complaint. Use additional paper if needed. Attach any additional documentation, such as pictures, police report etc. that you believe to be pertinent to this complain	Signature:	
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Name:	Location of the complaint:	
Address:	• • • • •	
What to do with the completed form: Mail to address at the top of this form. Township Use Only Complaint Received by: Date:		
Township Use Only Complaint Received by: Date:	Address:	
Complaint Received by: Date:	What to do with the con	npleted form: Mail to address at the top of this form.
		Township Use Only
Action Taken:	Complaint Received by:	Date:
	Action Taken:	

Anonymous Complaints Are NOT Accepted

This form is subject to examination under the public records information act.