



# BOROUGH OF OAKMONT

767 FIFTH STREET  
OAKMONT, PA 15139-1524  
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FAX (412) 828-3479  
[www.oakmontborough.com](http://www.oakmontborough.com)

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## Complaint Form

COMPLAINANT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_, OAKMONT, PENNSYLVANIA 15139

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

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COMPLAINT FILED AGAINST: \_\_\_\_\_

ADDRESS WHERE COMPLAINT LOCATED: \_\_\_\_\_

LENGTH OF TIME PROBLEM HAS EXISTED: \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

*As a policy, the Borough of Oakmont will investigate the above-referenced complaint once this form is properly filled out and signed. Failure to sign and complete this form will void the investigative process.*

<b><u>BOROUGH USE ONLY</u></b>	
Date Received: _____	Received By: _____

OAKMONT BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER