



# Borough of Oakmont

767 Fifth Street  
Oakmont, Pennsylvania 15139  
412-828-3232

## Complaint Form

Complainant's Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_, Oakmont, Pennsylvania 15139

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Complaint Filed Against: \_\_\_\_\_

Address Where Complaint Located: \_\_\_\_\_

Length of Time Problem Has Existed: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
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.***

BOROUGH USE ONLY	
Date Received: _____	Received By: _____
Handled Inhouse: _____	Sent to BIU: _____