

WASHINGTON TOWNSHIP, ERIE COUNTY

11800 Edinboro Road, Edinboro, PA. 16412

814-734-3117

ORDINANCE COMPLAINT FORM

I. The PURPOSE of the Ordinance Complaint Form is to properly record and track complaints of violations against the dully adopted Zoning and General Ordinances of Washington Township.

II. The POLICY of Washington Township, adopted October 3, 1995 and amended 2/4/97), when dealing with Ordinance complaints, shall be as follows:

A. All complaints of alleged violations of Township Ordinances are to be referred to the Washington Township staff for proper recording of the complaint, in observance of this policy and adherence to time constraints contained therein. The staff member receiving the complaint is to record the date, time and nature of the ordinance complaint that is presented at the Township Office, in person, or by phone.

B. The person making the complaint shall identify themselves by providing their name, mailing address and phone number to the staff member. Should the caller, or visitor fail to identify themselves as a Washington Township resident, the staff member shall proceed no further with the complaint other than to record the visit or phone call as stated above.

C. Upon proper identification by the Complainant, an Ordinance Complaint Form shall be provided to the Complainant. (In the case of a complaint by phone, the form will be mailed to the individual.)

D. The form is to be filled out, signed and returned to the Zoning Officer or Secretary/Manager. The Zoning Officer or Secretary/Manager will then make a determination of action upon the complaint as presented. The Complaint will either be acted upon by a designated the Township Staff member, referred to Township Council for interpretation and resultant direction, or returned to the complainant where the complaint is invalid regarding Zoning and General Ordinances. (Note: Unsigned complaints will not be acted upon.)

E. All complaints properly filed with the Township shall receive a written response to the complaint within 45 days of the date of the filing.

F. In order to gather a complete history of a formal complaint, any and all information/inquiries, received by the staff or Council members regarding a formal complaint, shall be referred/forwarded to the Secretary/Manager or Zoning Administrator. All complaint information is to remain confidential until reported to Council at a public meeting.

G. A report will be made by the Secretary/Manager or Zoning Administrator to Council at a public meeting regarding complaints received and the course of action taken on the respective complaints.

III. The ENFORCEMENT of the Zoning or General Ordinance interpreted to be in violation shall be as follows:

A. An investigation of the complaint shall be made, by a designated representative of Washington Township. A verbal attempt will be made to contact the property owner and determine if a violation actually exists or allow a property owner or person, believed to be in violation, the opportunity to bring their property or activities into compliance with the Zoning or General Ordinances.

B. After verbal contact is made, a letter shall follow that states the nature of the visit to the property and citing the specific section of Ordinance found to be in violation. A period of no longer than 30 days, stated within said letter, will be allowed for compliance to the Ordinance.

C. After the passing of the time period given for compliance, the designated Township representative shall initiate legal proceedings with the District Justice, as allowed by the PA. Municipalities Act 247 or General Ordinance of Washington Township.

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NO. \_\_\_\_\_

COMPLAINT

LOCATION: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Phone No.)

DATE(S) VIOLATION OCCURRED: \_\_\_\_\_

BRIEF DESCRIPTION OF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF COMPLAINANT:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Phone No.)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Complaint is not valid unless signed.

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OFFICE USE ONLY: _____

Date of Receipt

Township Representative

ACTION TAKEN: _____

Staff Signature