**MCKEAN BOROUGH, ERIE COUNTY**

8952 Main Street, P.O. Box 195, McKean, PA 16426

814-476-1691

**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 McKean Borough.

II. The POLICY of McKean Borough, when dealing with Ordinance complaints, shall be as follows:

A. All Complaints of alleged violations of Borough Ordinances are to be referred to the McKean Borough Secretary for proper recording of the complaint, in observance of this policy and adherence to time constraints contained therein. When the Secretary receives the complaint, record the date, time, and nature of the ordinance complaint that is presented at the Borough Office, in person, or by phone.

B. The person making the compliant 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 McKean Borough 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. The Zoning Officer or Secretary will then make a determination of action upon the complaint as presented. The Complaint will either be acted upon by a designated Borough Staff member, referred to the 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 Borough shall receive a written response to the complaint within 60 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 members of the Council regarding a formal complaint, shall be referred/forwarded to the Secretary or Zoning Administrator. All complaint information is to remain confidential until reported to the Council at a public meeting.

G. A report will be made by the Secretary or Zoning Administrator to the 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 McKean Borough to determine whether there appears to be a violation. If, upon investigation, it is believed that a violation may exist, then a courtesy letter shall be sent to the property owner and/or person(s), believed to be in violation, advising them of the specific violation believed to exist and giving them an opportunity to bring their property or activities into compliance with the Zoning or General Ordinance.

B. If compliance is not achieved within the time period given in the courtesy letter, then the designated Borough representative shall initiate enforcement proceedings by sending an enforcement notice as required under the Pennsylvania Municipalities Planning Code.

C. If compliance is not achieved within the time period given in the enforcement notice and no appeal is taken from the enforcement notice, then the designated Borough representative shall initiate appropriate legal proceedings as authorized by law.

No.\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLAINT LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (Phone No.)

Date(s) Violation Occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF COMPLAINTANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (Phone No.)

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

**Complaint is not valid unless signed**

**===================================================================**

OFFICE USE ONLY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Receipt Borough Representative

ACTION TAKEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature