

BOWMANSTOWN BOROUGH

490 Ore Street

Bowmanstown, PA 18030

COMPLAINT FORM

ADDRESS / LOCATION of COMPLAINT: \_\_\_\_\_

Date of Complaint / Occurrence: \_\_\_\_\_

Type of Complaint: ( ) Road ( ) Zoning ( ) Permit ( ) Other
(please check)

DETAILS OF COMPLAINT / OCCURRENCE:

[Large empty box for details of complaint]

How May We Contact You?

Your name & contact info is required. We do NOT accept anonymous complaints.

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Best Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Required)

Print Name: \_\_\_\_\_

For Office Use Only -

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Referred To: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Investigation Report:

Status Report to Complainant: Date: \_\_\_\_\_ By: \_\_\_\_\_

Follow-Up: ( ) Yes ( ) No If Yes, follow-up date: \_\_\_\_\_ By: \_\_\_\_\_

Letter to be Sent: ( ) Yes ( ) No Date Letter Sent: \_\_\_\_\_
(attach copy of letter)