

SCHWENKSVILLE BOROUGH



COMPLAINT & SUGGESTION FORM

Staff Use Only
Reviewed by: _____
Date: _____
Response: _____

Attach all written Responses

Type of Complaint: Please Indicate

Code Enforcement Complaint:

Request for a Repair or Replacement:

Complaint- Other (please specify): _____

Suggestion for Improvement:

NAME OF COMPLAINANT _____

ADDRESS _____

PHONE NO. _____ EMAIL: _____

TODAY'S DATE: _____ DATE COMPLAINT OCCURRED: _____

FOR CODE ENFORCEMENT & ZONING COMPLAINTS:

COMPLAINT IS BEING FILED AGAINST

NAME (IF KNOWN) _____

ADDRESS/LOCATION _____

FOR ALL OTHER COMPLAINTS, REPAIRS OR SUGGESTIONS

DESCRIBE BELOW IN DETAIL THE NATURE OF THE COMPLAINT, REPAIR REQUEST OR SUGGESTION. IF COMPLAINT IS FOR A MALODOROUS ODOR OR NOISE BE SPECIFIC AS TO DATE, TIME, LENGTH OF OCCURRENCE AND RESULT OF ACTION (I. E. HEADACHE, NAUSEA, AND LOSS OF SLEEP) PROVIDE SPECIFIC LOCATIONS, TIMES, DATES AND DETAILS. ATTACH SUPPORTING MATERIAL.

USE REVERSE SIDE IF NECESSARY

DATE _____

SIGNATURE OF COMPLAINANT