

FORTY FORT BOROUGH

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COMPLAINT REGISTRATION FORM

Date: _____

Complaint Information:

Name: _____

Address: _____

Telephone #: _____

Accused information:

Name: _____

Address: _____

Nature of Complaint:

Explain below: (Print Legibly)

OFFICE USE ONLY

Assigned To: _____ Date: _____ Time: _____

Inspection Date: _____ Pictures: Yes____ No____

Complaint Verified: Yes____ No____

Recommendation: _____
