

COMPLAINT FORM
DEPARTMENT OF CODE ENFORCEMENT
333 CENTER AVENUE, SCHUYLKILL HAVEN, PA 17972
570-385-2841 EXT 107

DATE: _____ TIME: _____ PHONE CALL _____
IN PERSON _____

COMPLAINANT: _____

ADDRESS: _____

PHONE # _____
(Not Mandatory- Required only if return phone call is desired)

ADDRESS OF INCIDENT: _____

TYPE OF COMPLAINT: _____

BRIEF DESCRIPTION OF COMPLAINT; _____

(OFFICE USE ONLY)
CORRECTIVE ACTION _____

DATE ISSUE RESOLVED: _____ CITATION ISSUED: YES _____ NO _____