

# BOROUGH OF CARROLLTOWN

## COMPLAINT/INFORMATION FORM

140 East Carroll Street, PO Box 307 Carrolltown, PA 15722 Phone: (814) 344-6650 Fax (814) 344-6402 COMPLAINT NO:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF COMPLAINANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### COMPLAINT/INFORMATION:

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COMPLAINANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY:

COMPLAINT RESOLVED WHEN: \_\_\_\_\_ BY WHO: \_\_\_\_\_

How: \_\_\_\_\_

STATUS: 1-PROBLEM RESOLVED    2-TO BE MONITORED    3-VIOLATION    4-REFERRED TO