



CRESSONA BOROUGH

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COMPLAINT FORM

Date: _____
Time: _____
Complaint Received By: _____

Complainant's Address

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE NUMBER: _____

EMAIL: _____

Complaint

*Name: _____

*Address/Location of Complaint

*Phone Number:

*If Available

Brief Description of Complaint

TYPE OF Complaint:

☐	Burning
☐	Commercial
☐	Construction (water/sewer)
☐	Dog
☐	Electric
☐	Parking
☐	Odor
☐	Roads
☐	Signs
☐	Storm Drainage
☐	Traffic
☐	Trash
☐	Weeds
☐	Zoning
☐	Other _____

Complaint Received By: _____ Date Cleared: _____

Complaint Referred To:

_____ Council _____ Engineer _____ Mayor _____ Other