



# CHALFONT BOROUGH

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## COMPLAINT FORM

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

PERSON FILING COMPLAINT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPLAINT RE: \_\_\_\_\_ *(property address/parcel no.)*

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**FOR BOROUGH USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Council Member (if applicable): \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation or Action to be taken:

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Signature of Completion: \_\_\_\_\_

Followed up with resident on: \_\_\_\_\_ (date) by: \_\_\_\_\_ (initials)

Followed up with council on: \_\_\_\_\_ (date) by: \_\_\_\_\_ (initials)

*Original goes to Action Person.  
Copy goes on File.  
Completed Original to Borough Office Staff.*