

## Complaint Form Instructions

Fill in the form completely. Once completed, return the form to:

Borough of Bechtelsville  
P.O. Box 295  
Bechtelsville, PA 19505

COMPLAINT FORM

Date \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ email address \_\_\_\_\_

Complaint against \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (if possible) \_\_\_\_\_

Nature of complaint (attach pages if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detail any history involved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Complainant's suggested solution to problem \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated cost (if any) to correct problem \_\_\_\_\_

Signature of Complainant \_\_\_\_\_

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(For Borough Use)

Borough Official receiving complaint \_\_\_\_\_

Complaint by: Telephone ( ) In Person ( ) US Mail ( )

Disposition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_