



COMPLAINT #: _____
DATE REC'D: _____

Borough of Slatington

125 South Walnut Street * Slatington, PA 18080-2099
Phone 610-767-2131 * Fax 610-767-7155

COMPLAINT FORM

INSTRUCTIONS: Please print clearly and complete all sections. Failure to do so will cause the complaint to be rejected and no action will be taken. Submit the completed form to the Borough Office at 125 S Walnut Street, Slatington via hand delivery, mail, email to code@slatington.org or fax to 610-767-7155. Anonymous forms will not be accepted; your contact information will remain confidential.

ADDRESS OF COMPLAINT: _____

DESCRIBE IN DETAIL THE NATURE OF THE COMPLAINT

COMPLAINANT

Note: This information is required so that an inspector is able to contact you, if necessary.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE (REQUIRED)

DATE