

**STOCKERTOWN BOROUGH**  
209 Main Street, P.O. Box 128, Stockertown,, PA 18083  
PHONE (610) 759-8393 (610) 759-9007 FAX

**CITIZEN COMPLAINT FORM**

Complaint Number \_\_\_\_\_

Received By \_\_\_\_\_

Date/Time Received \_\_\_\_\_

Complainant's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Signature: \_\_\_\_\_

Brief Description of Problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant's Suggested Solution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note that if legal action results from this complaint, you may be required to appear and court and testify.**

Complaint Referred To:

Council       Sewer       Zoning       Other

Fire       Road Dept       Police

Date/Time \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up contact to complainant

By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Complainant: \_\_\_\_\_  Satisfied       Not Satisfied