



# CHALFONT BOROUGH COMPLAINT FORM

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

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

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

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

COMPLAINT RE: \_\_\_\_\_ (property address/parcel #)

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

## FOR BOROUGH USE ONLY:

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

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

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

Recommendation or Action to be taken:

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

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

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

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

Original goes to Action Person  
Copy goes on file  
Completed Original to Borough Office Staff