FORMAL COMPLAINT FORM

BOROUGH OF MANSFIELD
14 South Main Street Mansfield, PA 16933
(570) 662-2315
Fax (570) 662-3414

COMPLAINTANT INFORMATION:

*NAME:*_____ *DATE:*_____

*ADDRESS:*_____ *PHONE: (__)*_____

COMPLAINTANTS SIGNATURE:

COMPLAINT INFORMATION:

LOCATION OF COMPLAINT

PROPERTY OWNER:

PROPERTY PHONE:

PROPERTY OWNER ADDRESSE:

TENANT/RESIDENT (IF DIFFERENT THAN OWNER):

NATURE OF COMPLAINT

- ☐ *BUILDING*
- ☐ *GRASS*
- ☐ *GARBAGE/JUNK*
- ☐ *SIDEWALKS*
- ☐ *SHADE TREE*
- ☐ *OTHER*_____

DETAILS OF COMPLAINT:-

_____

_____

SUGGESTIONS OR ANTICIPATED
*OUTCOMES:*_____

_____

MANSFIELD BOROUGH:

ACTION

- ☐ *PROPERTY OWNER CONTACTED BY PHONE*
- ☐ *CERTIFIED LETTER BY MAIL*
- ☐ *TURNED OVER TO SOLICITOR*
- ☐ *OTHER*_____