

Richland Borough

COMPLAINT FORM (non-police type complaints)

Date: _____

Complainant Name: _____

Complainant Address: _____

Complainant Email/Phone: _____

Name of Owner: _____

Address of concern: _____

Nature of complaint:

By my signature below I agree that the above statement is true and correct to the best of my knowledge. Also, I agree if any personal testimony is required to resolve this complaint, I am willing to do so.

Signed: _____ (Required for complaint to be processed)