

**COMPLAINT FORM**  
**DEPARTMENT OF CODE ENFORCEMENT**  
333 CENTER AVENUE, SCHUYLKILL HAVEN, PA 17972  
570-385-2841 EXT 107

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHONE CALL \_\_\_\_\_  
IN PERSON \_\_\_\_\_

COMPLAINANT: \_\_\_\_\_

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

PHONE # \_\_\_\_\_

(Not Mandatory- Required only if return phone call is desired)

ADDRESS OF INCIDENT: \_\_\_\_\_

TYPE OF COMPLAINT: \_\_\_\_\_

BRIEF DEESCRIPTION OF COMPLAINT; \_\_\_\_\_

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(OFFICE USE ONLY)

CORRECTIVE ACTION \_\_\_\_\_

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DATE ISSUE RESOLVED: \_\_\_\_\_

CITATION ISSUED: YES \_\_\_\_\_ NO \_\_\_\_\_