

ADDRESS OF COMPLAINT: _____
Please fax or email all complaints to:
Fax: 610-532-3514 or
Email: kborchert@prospectparkborough.com

Complaint (Residents information that is filing the complaint)	
	For Office Use Only
Name:	Date/Time:
Address:	Follow-up:
Phone:	By:
Date:	

Nature of Complaint:

Specifics: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Resolution: _____

cc: _____
Councilperson in Charge of Area of Complaint