

DOVER BOROUGH

Complaint Form

All complaints are confidential!

Date: ____/____/____ Complaint made by: *In Person* *By Phone* *By Mail*

Name of Complainant: _____ Phone: (____) _____

Address: _____ (not required)

RE: _____ (Examples - 123 Apple St; Zoning; Dog Barking; Tall Weeds)

Description of Problem: _____

OFFICE USE ONLY BELOW THIS LINE

Complaint Received By: _____ Date: ____/____/____

Complaint Referred To: _____

Copies To: *Council President* *Borough Files (REQUIRED!)*
 Council *Other* _____

Contact Made By: _____ Date: ____/____/____

How were they contacted? Telephone In person Other _____

Action Taken: _____

Date Resolved: ____/____/____

Was the person who filed the complaint: *Satisfied* *Not Satisfied*

A copy of the completed form should be placed in the **Borough Complaint** file and kept for two years from the date it is resolved.

After completing the form you can submit it by:

- 1) Scanning and emailing it to the borough office @ doverboro@comcast.net.
- 2) Drop it off at the borough office.
- 3) Mail to the office: Dover Borough
46 Butter Road
Dover, PA 17315