

# FORMAL COMPLAINT FORM

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

## COMPLAINANT INFORMATION:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

COMPLAINANTS 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:-

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SUGGESTIONS OR ANTICIPATED

OUTCOMES: \_\_\_\_\_

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## MANSFIELD BOROUGH:

ACTION

- PROPERTY OWNER CONTACTED BY PHONE
- CERTIFIED LETTER BY MAIL
- TURNED OVER TO SOLICITOR
- OTHER \_\_\_\_\_