

610-682-2541 • Fax 610-682-1636

## **COMPLAINT FORM**

## Information

|                                 | mormation    |       |
|---------------------------------|--------------|-------|
| Name                            |              | Phone |
| Address                         |              |       |
| City                            | State        | Zip   |
|                                 |              |       |
|                                 | Location     |       |
| Building Owner                  |              | Phone |
| Address of Hazard               |              |       |
| City                            | State        | Zip   |
| Location of Hazard              |              |       |
|                                 |              |       |
| Nature of Hazard/Complaint      |              |       |
|                                 |              |       |
|                                 |              |       |
|                                 |              |       |
|                                 |              |       |
|                                 |              |       |
|                                 |              |       |
|                                 |              |       |
|                                 |              |       |
|                                 |              |       |
| Action Take (Official Use Only) |              |       |
| Remarks                         |              |       |
| Kemarks                         |              |       |
|                                 |              |       |
|                                 |              |       |
| Investigation Complete ()       |              |       |
|                                 |              |       |
| Received by:                    | Filing Date: |       |

Form Updated: 10/2023