St. Lawrence
Berks County, Pennsylvania

COMPLAINT FORM

Name:
Street Address:
City, State, Zip:
Phone Number:
Email:

Who is this complaint about:

Individual ☐ Property ☐

Name of Person if known:
Street Address:
City, State, Zip

In detail, express the issue and reason for the complaint:

Has this issue been previously reported? If so, date it was reported: _____

Yes ☐ No ☐

If yes, was there any resolution? Explain

For Office Use:

Date Submitted: _____ Resolution date by:_____ Received by:_____