



Gettysburg

HISTORIC CROSSROADS

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DATE OF COMPLAINT: _____ TIME OF COMPLAINT: _____

COMPLAINT MADE BY: _____ NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

DETAILS OF COMPLAINT (please be as specific as possible, continue on back if necessary):

DATE RECEIVED BY BOROUGH: _____

OFFICIAL OR EMPLOYEE'S NAME: _____

TITLE: _____

By signing this complaint, you agree to testify in court on this subject matter if necessary.

ACTION TAKEN BY BOROUGH:

DATE OF ACTION TAKEN: _____

OFFICIAL OR EMPLOYEE'S NAME: _____

TITLE: _____