

Jefferson Borough
PO Box 87
Jefferson, PA 15344

COMPLAINT FORM

Complaint Number: _____ Date of Complaint: _____

Nature of Complaint: _____

Place or Location of Complaint: _____

Property Owner Name: _____

Address: _____ Phone: _____

Person making Complaint: _____

Address: _____ Phone: _____

Please State how this matter is affecting you or your property

Does this matter endanger other structures? Yes ___ No ___

When did you first discover this problem? _____

How long has this problem existed? _____

Have you filed a complaint with the borough concerning this matter at any other time? Yes ___ No ___

Have you filed a Civil Compliant about this matter or do you plan to file a Civil Compliant concerning this matter against the other Party if it is found that this matter is not in violation of any Borough Ordinances? Yes ___ No ___

NOTICE: BY SIGNING THIS COMPLAINT, I AM STATING THAT I REALIZE THIS DOCUMENT STATES WHAT I HAVE OBSERVED AND IF THIS MATTER IS APPROVED FOR CITATION BY COUNCIL, I WILL ATTEND THE HEARING THAT WILL BE SCHEDULED AT THE DISTRICT COURT TO ATTEST TO THE FACTS AS STATED.

Signature of Person making Complaint