Citizen Complaint Form
Rices Landing Borough
P. O. Box 185
137 Main Street
Phone: 724-592-6055
Fax: 724-592-6717

Date: _____ Filed Previously: Yes/No Date: _____

Name of Person Filing Complaint: _____
Address: _____
Phone: _____(H)_____(Cell)_____(other)
Email: _____
Describe Problem:

_____
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Borough Use Only

Received by: _____ Date: _____
Referred to: _____ Date: _____

Action Taken: Temporary _____ Permanent _____

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