



BOROUGH OF CARROLL VALLEY
COMPLAINT FORM
5685 FAIRFIELD ROAD
CARROLL VALLEY, PA 17320
717-642-8269

IF YOU BELIEVE YOUR ISSUE IS A LIFE OR DEATH SITUATION OR AN IMMEDIATE DANGER YOU SHOULD CONTACT 911 IMMEDIATELY!

CARROLL VALLEY BOROUGH COMPLAINT FORM

COMPLAINT POLICY: THE BOROUGH IS COMMITTED TO ENFORCEMENT OF ALL BOROUGH CODES. COMPLAINTS TO BOROUGH OFFICIALS CAN HAVE SERIOUS AND POSSIBLY UNINTENDED CONSEQUENCES. PLEASE CONSIDER CAREFULLY BEFORE REGISTERING COMPLAINTS AGAINST FELLOW MEMBERS OF YOUR COMMUNITY. IF THE INFORMATION ON THIS FORM IS NOT PRINTED LEGIBLY, THE COMPLAINT WILL NOT BE ACCEPTED. IN ORDER TO ASSIST BOROUGH STAFF IN ENFORCEMENT WE REQUIRE COMPLAINTS TO BE REGISTERED ON THIS FORM. PLEASE PROVIDE DETAILED INFORMATION REGARDING THE COMPLAINT ALONG WITH PHOTOGRAPHS. THE MORE INFORMATION YOU CAN PROVIDE THE BETTER YOU CAN ASSIST OUR OFFICIALS WITH THEIR INVESTIGATION OF YOUR COMPLAINT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Subject of Concern - Circle or Click Please identify the subject of the complaint:

Name:

Address:

Describe the complaint in detail. Dates, times, location and persons or places involved if known. Complaints will be acted upon within 30 days from date of filing. Additional time may be needed due to the nature of the complaint.

Describe:

In order to facilitate any investigation or any subsequent action, we request that the complainant provide their contact information. Complaints may result in proceedings that require witness testimony before any Borough Boards, and/or the Pennsylvania Courts. Anyone filing a complaint must understand the possibility of being a witness and may be subpoenaed to testify in any proceedings. This form is not subject to any Right to Know request. Copies of this complaint will only be released upon receipt of a subpoena or a court order.

Your Name:

Phone #

Email

Address:

City, State & Zip:

By signing below, I understand the consequences of my actions if I choose to file a complaint as outlined above. I also permit any Carroll Valley Borough Official, upon providing proper identification as such, access to my property to investigate any complaints that may be on neighboring properties to assist with their investigation.

Signature:

Date:

OFFICE USE ONLY

Received By:

Signature:

Received Date:

Results & Disposition: