

SHREWBURY BOROUGH COMPLAINT/ISSUE FORM

SUBMIT TO: SHREWSBURY BOROUGH
35 W. RAILROAD AVE., SHREWSBURY, PA 17361

NAME _____ PHONE # _____

ADDRESS _____

DATE RECEIVED AT BOROUGH OFFICE _____ TIME _____

COMPLAINT/ISSUE _____

SIGNATURE _____

REFERRED TO _____

ACTION TAKEN (PLEASE SUBMIT TO THE BOROUGH OFFICE WITHIN FIVE BUSINESS DAYS A SUMMARY OF ANY VERBAL DISCUSSIONS AND/OR ANY WRITTEN CORRESPONDENCE CONCERNING THIS COMPLAINT)

FINAL DISPOSITION (INCLUDE COPIES OF ALL WRITTEN CORRESPONDENCE AND SUMMARIES OF ALL VERBAL DISCUSSIONS)

DATE AND TIME OF FINAL DISPOSITION _____