



BOROUGH OF MARCUS HOOK

COMPLAINT REPORTING FORM

The Borough of Marcus Hook handles a wide variety of local municipal issues. Please describe your issue as clearly as possible so the concern may be forwarded to the correct department as quickly as possible. Submit the completed form by Email, fax or mail to the address below.

COMPLAINT LOCATION

Street Address and/or Location: _____

Date of Reported Complaint: _____

Time of Reported Complaint: _____

SUMMARY OF COMPLAINT (Please be specific)

VIOLATOR(S) Information (name, address, etc. if known)

REPORTING PARTY INFORMATION (Identity of reporting party is considered confidential)

Party Name: _____

Phone Number: _____ Email: _____

Address: _____

Please contact me regarding this matter: ____ Yes ____ No

Signature _____ Date _____

____ PLEASE CHECK HERE IF THIS COMPLAINT IS TO BE ANONYMOUS. ANONYMOUS COMPLAINTS ARE PROCESSED IDENTICALLY TO STANDARD COMPLAINTS, WITH THE EXCEPTION THAT THEY COMPLAINTANT INFORMATION IS WITHHELD. PLEASE NOTE THAT REQUESTING CONFIDENTIALITY MAY LIMIT ADVANCED COMPLIANCE EFFORTS SUCH AS CITATION OR TRIAL.

Signature _____ Date _____

PLEASE RETURN COMPLETED FORM TO
BOROUGH OF MARCUS HOOK
1111 MARKET STREET
MARCUS HOOK, PA 19061
F. 610-485-9767
OFFICE@MARCUSHOOKBORO.ORG