

COMPLAINT FORM

Please complete and mail to: Avondale Borough
P.O. Box 247
Avondale, PA 19311

Name of Person filing Complaint: _____

Address: _____

Phone Number: _____

Signature of Complainant: _____

Date Complaint Filed: _____

Complaint being filed against:

Name: _____

Address: _____

Please describe, in detail, nature of complaint:

Action taken by:

Date: _____

Signature