## **Borough of Avalon**

640 California Ave Avalon PA 15202

## **COMPLAINT FORM**

Date Complaint Taken:		Received By:	
Received Via (check):	In-Person	Email	Phone Call
Name and Address of Com	plainant		
Name:			
Address:			
Phone:		Email:	
Name and Address of Com	plaint		
Name:			
Address:			
Nature of Complaint			