



**CITY OF COATESVILLE
PENNSYLVANIA**

COMPLAINT FORM

DEPT. ID # _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

* PRINT CLEARLY AND COMPLETE THE ENTIRE FORM *

ADDRESS OF ALLEGED VIOLATION:

DESCRIBE IN DETAIL THE NATURE OF VIOLATION/COMPLAINT (Continue on back if not enough space):

IMPORTANT: MUST SHOW FORM OF ID (ID PROOF ATTACHED)

PRINT NAME:

PHONE NUMBER:

DATE:

ADDRESS:

CITY:

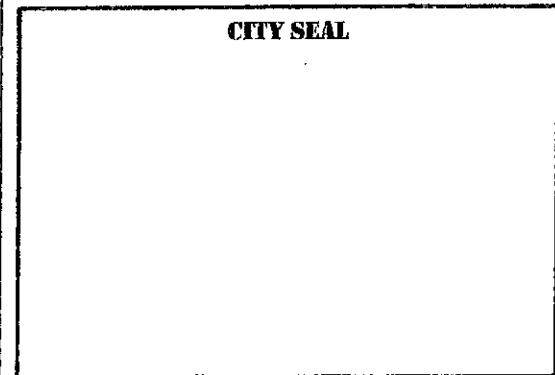
STATE:

ZIP:

SIGNATURE:

FORM NOT VALID UNLESS NOTORIZED OR HAS CITY SEAL

CITY SEAL



RECEIVED BY: _____