

\_\_\_\_\_  
Resident Complaint Tracking #

\_\_\_\_\_  
Official Use Only (date stamp)

**RESIDENT COMPLAINT FORM**  
**Borough of Bloomfield**  
**Attn: Borough Secretary**  
**P.O. Box 144, New Bloomfield, Pa. 17068**  
**Email: [bloomfieldboro@nmax.net](mailto:bloomfieldboro@nmax.net) - Fax: 717-582-8890**

Date Submitted \_\_\_\_\_

Form Submitted By:    E-Mail        U.S. Mail        FAX        In-Person  
*(check one)*

Complainant Name \_\_\_\_\_  
*(please print)*                                  *Last*                                  *First*                                  *MI*

Mailing Address \_\_\_\_\_  
*Street/P.O.Box*

\_\_\_\_\_  
*City*    *State*    *Zip Code*

Telephone Number \_\_\_\_\_ *Required*                  Email Address \_\_\_\_\_ *Optional*

**Complaint Details:** *Please provide sufficient detail and location of the complaint so this agency can determine the best course of action. Please use additional sheets if necessary.*

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Please check the following items which are applicable:

- \_\_\_ I am requesting a response by email.
- \_\_\_ I am requesting a response by certified mail.
- \_\_\_ I am requesting a copy of the action taken document.

**This form may be submitted to the borough office via email, regular mail, fax, or in person. Click on the submit button to email.**

**A borough official will respond within 5 business days of the receipt of the complaint.**