

BOROUGH OF STONEBORO
COMPLAINT REGISTRATION FORM

Claimants Name: _____ Date: _____

Contact Information: _____

Type of Complaint (Circle One):

PERSONNEL
PROPERTY

SEWER/WATER

FINANCE &

FACILITIES, GROUNDS & SAFETY

OTHER

Date of Occurrence(s): _____

Explain Occurrence(S): _____

Claimants Signature: _____

*** FOR OFFICE USE ONLY ***

Date reviewed by Committee: _____

Committee Chairman: _____

Committee Recommendation to Council: _____

Date to be presented to Council: _____