

Borough of Hastings

Complaint Form

Name: _____ Address: _____

Phone: _____

Are You a Resident of:

_____ Hastings Borough

_____ Elder Township

_____ Susquehanna Township

Complaint Form: (All complaints must be signed) Drop off in Borough Office

Date: _____ Signature: _____

Date Resolved: _____

Action Taken:

Corrected By: _____