Borough of Bath

215 E. Main Street, Bath, PA 18014
Phone: 610-837-6525 Fax: 610-837-8989

Borough of Bath Complaint Form

Your Name	
Phone Numbers	
Home:	
Work:	
Cell:	
Email Address:	
Mailing Address:	

What is your complaint? Please include relevant date(s), time(s), location, and background information, including municipal employees you have contacted regarding this matter. Additional space is available on the back of this form. Additional information, such as relevant photographs, can be attached to this form.

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How could the situation be improved and/or actions complainant would like to see take place?

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Additional Information:

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Office Use Only:

Received by:	Date:
Forwarded to:	Date:
Acknowledgement Letter: ☐ Sent Date: _____ Staff Name: _____	Additional Correspondence: ☐ Sent Date: _____ Staff Name: _____ Reason: _____

Action Taken:

Final Response Letter ☐
Sent Date:
Staff Name:

Thank you for taking the time to explain your concern. We will provide a response to your concern within thirty (30) calendar days of receiving your complaint. If you have any questions about the process, please contact our office (610) 837-6525.