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: _____

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Date Resolved: _____

Action Taken:

_____

_____

_____

Corrected By: _____