

**Lykens Borough**  
200 Main St.  
Lykens, PA 17048

# Complaint Form

717-453-7597  
lykensboro@comcast.net

*Please note, in the process of investigation, the borough office does not share the identity of the Complainant nor is this complaint form subject to the Right To Know Law, however you MAY be called in as a witness in court if the issue advances to the Magisterial District Judge.*

Complainant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Owner's Information (If known) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Nature of Complaint:**

- Health/Sanitation     Zoning/Building     Other \_\_\_\_\_

Location of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Owner's information: \_\_\_\_\_

Description of Issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please use the back of this form for additional information)

Statements "Under Penalty" – A person commits a misdemeanor of the third degree, if he/she makes a written false statement which he/she does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statement made therein are punishable.

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

<p><b>For office use only:</b> Received by: _____ Date: _____</p> <p>Results of review: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reviewed by: _____</p>
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