

**LACKAWANNA COUNTY DISTRICT ATTORNEY'S OFFICE
COMMUNITY COMPLAINT FORM**

**If a response is other please explain in Additional Comments*

Date:

Location Code*:

Personal Information

Last Name:

First Name:

Address (1) :

Address (2):

City / Town / Boro:

Zip Code:

Phone:

Alt. Phone:

Email Address:

Age:

Issues (Check All That Apply)

QUALITY OF LIFE

Garbage
Appearance
Utility Problems
Children Issues
Structural
Other*

DRUGS

Vandals
Family Violence
Illegal Residents
Fire Arms
Violence
Theft
Other*

ZONING

Improper Use
D.E.P. Issues
Fire Hazards
Junk Cars
Other*

Extended Information

Location of Problem or Occurrence:

Explain the Issue:

Additional Comments: