

**MASTHOPE MOUNTAIN COMMUNITY
SUGGESTION AND COMPLAINT FORM**

**Office Use Only
Complaint #**

Name _____ Date _____

Lot Number _____ MR FW WP (Circle One)

E-Mail Address _____

Home Address	Pennsylvania Address
Telephone Number	Telephone Number

Describe your Suggestion or Complaint below and indicate dates and location if appropriate. Use another sheet if necessary.

Your Recommendation:

Office use only below this line.

Referred to _____ Date _____

Copy to _____ Date _____

ACTION TAKEN: (below) DATE ACTION TAKEN: _____

RETURN to office staff after action is taken. This form will be filed for future reference.