

South Connellsville Borough
1503 S. Pittsburgh Street
South Connellsville, PA 15425
724-628-4860

COMPLAINT FORM

Name _____

Address _____

Phone Number _____

Complaint is being made against _____ Date _____

I understand that I am making a complaint against a Borough Employee/Representative. I volunteer the following information of my own free will for whatever purpose it may serve. I understand that this complaint form is to be received by South Connellsville Borough Council and/or appropriate committees for review. I will be informed about the outcome of this complaint.

I have read each page of this statement consisting of _____ pages(s), each page of which bears my signature and I certify that the facts contained herein are true and correct.

PLEASE NOTE - PA Crimes Code Title 18 Section 4904a 1, 2. Unsworn Falsification to Authorities: A person commits a Misdemeanor of the second degree if with intent to mislead a public servant in performing his official function, he makes any written false statements, which he does not believe to be true.

Date _____

Signature of Person Giving Written Statement _____

Print Name _____

Signature of Witness _____

Print Name _____