

# RENOVO BOROUGH COMPLAINT FORM

COMPLAINANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IS YOUR COMPLAINT VERSUS A DEPARTMENT OR EMPLOYEE? (please circle one)

WHAT IS THE DEPARTMENT OR NAME OF EMPLOYEE? \_\_\_\_\_

DOCUMENT THE CIRCUMSTANCES OF THE COMPLAINT:

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*\*Pursuant to Section 4904 of the Pennsylvania Crimes Code (Unsworn Falsification), a person commits a Misdemeanor offense if he/she provides a false statement that he/she does not believe to be true.*

COMPLAINANT NAME \_\_\_\_\_ (print) \_\_\_\_\_ (sign)

COMPLAINT REGISTERED WITH BOROUGH SECRETARY ON \_\_\_\_\_ (date)

SECRETARY'S NAME \_\_\_\_\_ (print) \_\_\_\_\_ (sign)

PRESENTED TO INVESTIGATION COMMITTEE ON \_\_\_\_\_ (date)

MEETING OF THE INVESTIGATION COMMITTEE ON \_\_\_\_\_ (date)

ACTION TAKEN BY THE COMMITTEE IS AS FOLLOWS:

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COMMITTEE SIGNATURES (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

A RESPONSE WAS SENT TO COMPLAINANT ON \_\_\_\_\_ (date).

**\*\*COMPLAINT MUST BE PROPERLY FILED WITH THE RENOVO BOROUGH SECRETARY  
WITHIN 10 DAYS OF ALLEGED INCIDENT\*\***