

EMPLOYEE COMPLAINT FORM BOROUGH OF NEW BERLIN

YOUR NAME: _____ DATE: _____

YOUR ADDRESS: _____

PHONE: _____

STATUS: Employee of Borough _____ Citizen/Nonemployee _____

DATE OF INCIDENT: _____ TIME: _____ a.m./p.m.

PLACE OF INCIDENT: _____

Describe the Incident in Detail including the name(s) of the employee(s) involved:

Other witnesses to incident who may have information: (name and phone)

I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Signature of Complainant Date: _____

For Borough use only: Investigated by: _____ *Date:* _____

Resolution: _____
