Freeland Borough
Freeland, PA 18224

CITIZEN COMPLAINT FORM

Complainant Name: _____

Complainant Address: _____

Complainant Phone: _____

Describe Incident and Nature of Complaint:

_____

_____

_____

_____

I verify that the facts set forth in this form are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of PA Crimes Code 4904 relating to unsworn falsification to authorities.

Date: _____

Signature: _____

PLEASE RETURN THIS FORM TO:

Borough Office
526 Fern St., Freeland, PA
570-636-0141 #2
Email: frldboro@ptd.net