CITY OF NANTICOKE COMPLAINT FORM

PERSON FILING COMPLAINT:

NAME:_____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE (HOME): _____

AGAINST WHOM THE COMPLAINT IS BEING FILED:

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE (WORK) : _____

NATURE OF COMPLAINT:

_____

_____

_____

_____

I AFFIRM THE ABOVE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE_____**SIGNATURE**_____

COMPLAINT FORM MUST BE FILLED OUT COMPLETELY, AND MUST BE SIGNED. NO ACTION WILL BE TAKEN IF FORM IS NOT COMPLETED.

PERSONS MAKING FALSE STATEMENTS ARE SUBJECT TO PROSECUTION UNDER SECTION 4904 (A) OF THE PENNSYLVANIA CRIMES CODE RELATING TO UNSWOREN FALSIFICATION TO AUTHORITIES.