

WEST EASTON BOROUGH COMPLAINT FORM

Please fill in this form completely, including your signature at the end of the form. The West Easton Borough Office will only act on complaints that are signed by the complainant(s), legal guardian, attorney of complainant(s) along with their client's authorization, or holder of power of attorney.

1. PLEASE BE SURE TO COMPLAIN TO THE SUBJECT OF YOUR COMPLAINT BEFORE FILING THIS FORM.
2. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
3. YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.

Mail or fax this completed complaint form with any attachments to:
**Borough of West Easton, 237 Seventh Street, West Easton PA 18042, or
(FAX) 610-252-6993**

Please Note:

- We cannot act as a court of law or as a lawyer on your behalf.
- We cannot give you legal advice.
- We cannot become involved in complaints that are in litigation or have been litigated.

YOUR INFORMATION

Salutation: Mr. Ms. Mrs. Other: _____
First Name: _____ MI: _____ Last Name: _____
Street Address: _____ City: _____ State: _____
Zip: _____
Home Phone: _____
Work Phone: _____
Email: _____

ADDITIONAL CONTACT INFORMATION

If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, then please provide your representative's information below. If you list someone else and sign this form, you

allow us to communicate with and provide relevant information that is about you to that person.

Name of Representative: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

COMPLAINT INFORMATION

Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the date(s) of any activity or activities.

Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of paper if you need more space.

Please include *COPIES* of documents related to your complaint. **DO NOT SEND ORIGINAL DOCUMENTS.**

Please be advised that the issues described in this complaint will be shared with the other party/parties in question for their response.

DESIRED RESOLUTION

What action by the other party/parties would resolve this matter to your satisfaction?

PRIVACY ACT STATEMENT

The information is solicited to provide the West Easton Borough with data that is necessary and useful in reviewing these complaints. The provision of requested information is voluntary. However, without such information, the ability to complete a review or to provide requested assistance may be hindered. It is intended that the information obtained through this solicitation will be used within the Borough office and provided to the other party or parties that is the subject of the complaint or inquiry. Additional disclosures of such information may be made to: (1) other third parties when required or authorized by statute or when necessary in order to obtain additional information relating to the complaint or inquiry; (2) other governmental, self-regulatory, or professional organizations having: (a) jurisdiction over the subject matter of the complaint or inquiry; (b) jurisdiction over the entity that is the subject of the complaint or inquiry; or (c) whenever such information is relevant to a known or suspected violation of law or licensing standard for which another organization has jurisdiction; (3) the Department of Justice, a court, an adjudicative body, a party in litigation, or a witness when relevant and necessary to a legal or administrative proceeding; (4) a Congressional office when the information is relevant to an inquiry initiated on behalf of its provider; (5) Other governmental or tribal organizations with which an individual has communicated regarding a complaint or inquiry; (6) contractors or agents when access to such information is necessary; and (7) other third parties when required or authorized by statute.

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 PA. CS. § 4904) related to unsworn falsification to authorities.

Signature: _____ **Date:** _____

We will mail you a written acknowledgment within seven (7) business days of receipt of your completed complaint form. When contacting this office about your complaint, always do so in writing so your file may be kept up to date. It is not necessary to call and check the status of your complaint; you will be notified by mail when we receive information regarding your complaint.