

BOROUGH OF GORDON
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COMPLAINT FORM

Complainant Information

Name _____

Date/Time of Incident _____

Address _____

Location of Incident _____

Phone _____

Was this reported to the police? Yes ___ / No ___ If Yes, Officers name _____

Date and time reported to police _____

Details of Complaint (Use back if necessary) Please write legibly

Signature of Complainant _____ Date _____

Form must be completed in full before it will be considered for review.

Borough Use Only

Received by: _____ Date received: _____

Actions taken: _____

Date responded: _____ How responded: _____

GORDON BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER