

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.
DATESIGNATURE
COMPLAINT FORM MUST BE FILLED OUT COMPLETELY, AND MUST BE SIGNED. NO ACTION WILL BE TAKEN IF

PERSONS MAKING FALSE STATEMENTS ARE SUBJECT TO PROSECUTION UNDER SECTION 4904 (A) OF THE

PENNSYLVANIA CRIMES CODE RELATING TO UNSWOREN FALSIFICATION TO AUTHORITIES.