HULMEVILLE BOROUGH





321 Main Street • Hulmeville, PA 19047 • 215-757-6531 • Hulmeville@comcast.net

Hulmeville Borough Citizens Complaint Form

| Nature of Complaint (Please check one): |
|---|
| Borough Official Police Department |
| |
| Purpose of a complaint form: |
| Citizens have a right to register complaints regarding the conduct of Borough employees. Citizens also have a right to complain about policies and procedures of the Borough. This form documents citizens' complaints and the response of the Borough. This process is designed to improve Borough services for all residents and businesses. |
| Impartial Review and Fairness: |
| Hulmeville Borough adheres to a policy of investigating all allegations of misconduct or complaints regarding employees, policies or procedures of the Borough. The goal of the Borough is to ensure that objectivity, fairness, consistency and justice are achieved by a thorough and impartial investigation and/or review of your complaint. All complaints will be resolved in a timely manner. You will be notified in writing of the findings of the investigation and/or review. However, the Borough cannot, by law, discuss any individual personnel actions that may result from your complaint. |
| Complaint Form/Instructions: |
| Type or print clearly in dark ink Complete the entire form (Incomplete or illegible forms cannot be acted upon and will be returned) Enclose copies, not originals, of important papers concerning your complaint (if applicable) Complaint must be filed within thirty (30) days of the date of the incident Make sure the complaint form is signed and dated by the person filing the complaint File the complaint by email to manager@hulmeville-pa.gov or post mail to the Mayor |
| Person Filing Complaint: |
| Name: |
| Address: |
| Phone number: |
| Email: |
| Date and Time of Incident: |

Office Use - Date Received: Person Recording Complaint:

Location of Incident:

| Please explain in your own words, in as mu conduct of Officer(s) or Borough employees | | |
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| necessary. | | |
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| Please list any witnesses to the incident (if | f any): | |
| Name: | - | |
| Address: | | |
| Name: | Contact number: | |
| Address: | | |
| Address. | | |
| The Police Department or a Borough offici days of receipt. This form is not a legal doo | | · · · · · · · · · · · · · · · · · · · |
| MAKING FALSE STATEMENTS IS P | UNISHABLE AS A MISDEMEA | ANOR PURSUANT TO |
| THE PENNSYLVANIA CRIMES COD | E. | |
| Do you want to receive a follow up resp | onse to this submission: Yes | No |
| Signature of complainant (or parent/guardi | ian if Complainant is under 18 years | of age) |
| Signature: | Date: | Time: |
| Office Use - Date Received: | Person Recording Complaint: | |