



WILKINSBURG
BOROUGH

Wilkinsburg Borough
605 Ross Avenue
Wilkinsburg, PA 15221
412-244-2900

COMPLAINT FORM

Name of Complainant: _____

Residence Address: _____

Residence Phone: _____

Date and Time of Occurrence: _____

Location of Occurrence: _____

Date and Time Reported: _____

Name of Individual or Department: _____

Describe details of occurrence. *(Use reverse side if necessary)*

I hereby declare that the foregoing is true and correct.

By: _____

Complainant's Name

Date and Time Signed

Report received by: _____

