BOYERTOWN AREA FIRE & RESCUE

962 North Reading Avenue
Boyertown, PA 19512
Phone: 610-369-3777

Commendation / Complaint Form

Reporting Party's Name: _____ Ph#: _____

Address: _____ Email: _____

Witness: _____ Ph#: _____

Witness: _____ Ph#: _____

Witness: _____ Ph#: _____

Type of Incident: _____

Location of Incident: _____

Date of Incident: _____ Time of incident: _____

Officer / Personnel Involved (if known): _____

Nature of Commendation or Complaint (Briefly state the nature of the commendable action or complaint. What is it that one or more of our members did, or failed to do? What were the conditions or circumstances at the time of the incident, and what resulted?):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Additional page(s): Yes / No

_____ _____

Signature of Reporting Party Date

ACKNOWLEDGEMENT OF RECEIPT		
Received by: _____	Date: _____	Time: _____

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