

COMPLAINANT CERTIFICATION

If there are additional facts you believe should be considered, record them on additional pages, **INITIAL EACH ADDITIONAL PAGE**, and attach them to this form. If you have any documents, letters or receipts that back up your complaint, please copy them and attach them to this Complaint.

CERTIFICATION:

I, _____, hereby verify that the statements contained in this Complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsifications to authorities.

Complainant's Signature:

Date:

MAIL OR HAND DELIVER THIS FORM TO:

West Vincent Township Human Relations Commission
Attention: Township Manager
729 St. Matthews Road
Chester Springs, PA 19425