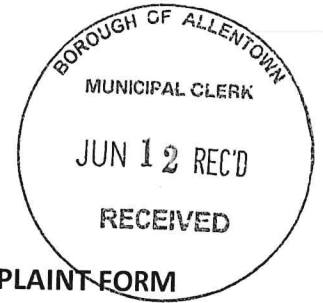


**RESOLUTION 180-2019  
BOROUGH OF ALLENTOWN  
COUNTY OF MONMOUTH, STATE OF NEW JERSEY**



**RESOLUTION APPROVING ALLENTOWN BOROUGH'S CIVIL RIGHTS COMPLAINT FORM**

**WHEREAS**, the Borough of Allentown adopted a Civil Rights Complaint Policy on January 7, 2019 with Resolution 28-2019; and

**WHEREAS**, the Borough of Allentown needs to adopt a Civil Rights Complaint Form; and

**WHEREAS**, the Personnel Standing Committee has approved of the attached Civil Rights Complaint Form known as Attachment A; and

**NOW, THEREFORE, BE IT RESOLVED** by the Governing Body of the Borough of Allentown, County of Monmouth, State of New Jersey that the Civil Rights Complaint Form, also known as Attachment A, is approved.

**BE IT FURTHER RESOLVED** that the Municipal Clerk will post the form on the Borough's website and social media outlets.

	Offered	Second	Ayes	Nays	Abstain	Absent
Council President Fritts			X			
Councilwoman Anthony		X	X			
Councilman Schmitt	X		X			
Councilman Strovinsky			X			
Councilman Elder			X			
Councilman Drennan			X			
Mayor Westfall						

**CERTIFICATION**

I, Laurie A. Roth, Municipal Clerk of the Borough of Allentown do hereby certify this to be a true and exact copy of a resolution adopted by the Governing Body of the Borough of Allentown, County of Monmouth, State of New Jersey at the Council meeting held on June 11, 2019.

Laurie A. Roth, MAS, RMC, CMR

**BOROUGH OF ALLENTOWN  
CIVIL RIGHTS POLICY**

**COMPLAINT FORM**

Any individual who either observes or is the victim of alleged wrongdoing on the part of officials, employees or volunteers associated with the Borough of Allentown under the Borough's Civil Rights policy may report such action either orally or in writing to the applicable department head or volunteer organization or to:

Municipal Clerk  
Borough of Allentown  
8 North Main Street  
PO Box 487  
Allentown, NJ 08501

Name of person making this complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

Name(s) of victim(s) of wrongdoing: \_\_\_\_\_

Name(s) of person(s) being complaint  
about (if known): \_\_\_\_\_

Description of the incident(s) being complained about. Please attach additional pages if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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