

COMPLIMENT REPORTING FORM

If you would like to share a compliment or recognize an individual or department at Schuylkill Township, please complete and submit this form by U.S. mail, fax or email to the address below. A copy of the form will be referred to the appropriate department and/or staff member(s) and kept on the employee's personnel file.

YOUR INFORMATION

YOUR NAME _____

STREET ADDRESS _____

CITY _____

ST _____ ZIP _____

HOME PHONE _____

MOBILE PHONE _____

WORK PHONE _____

EMAIL _____

DETAILS OF YOUR COMPLIMENT

DATE OF INCIDENT (IF RELEVANT) _____ TIME _____

WHO/WHAT IS THE SUBJECT OF YOUR COMPLIMENT? _____

SUMMARY OF COMPLIMENT _____

SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED FORM TO: Schuylkill Township
Attn: Township Manager
111 Valley Park Road
Phoenixville, PA 19460-5766
(610) 933-5843 ofc (610) 933-4428 fax
admin@schuylkilltwp.org