

DAUPHIN COUNTY CONSTABLE REVIEW BOARD COMPLAINT

Filing Date: _____

Complainant's Name: _____ (your name)

Address: _____

Telephone Number: _____ Email: _____

Constable's Name: _____

Type of Issue: ☒ Performance of Judicial Duties

☐ Financial/Payment Issues

☐ other issues relevant to a constable's judicial duties

Was an attempt made to resolve this issue before filing the request for review?

☒ YES ☐ NO If yes, briefly explain:

Please describe in full detail the issue and attach all relevant documents. Attach additional pages if necessary.

Date: _____

Signature: _____

This complaint may be emailed, faxed or mailed to the following:

Court Administrator
Dauphin County Courthouse, 3rd Floor
101 Market Street
Harrisburg, PA 17101 FAX (717) 780-6463 email-courtadmin@dauphincounty.gov