

**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, 3<sup>rd</sup> Floor  
101 Market Street  
Harrisburg, PA 17101 FAX (717) 780-6463 email – [courtadmin@dauphinc.org](mailto:courtadmin@dauphinc.org)