## CONSTABLE REVIEW BOARD FOR THE 6<sup>TH</sup> JUDICIAL DISTRICT OF PENNSYLVANIA

## **COMPLAINT**

A. C	OMPLAINANT: Your Name:	
	Address:	
	Telephone #	
B. C	ONSTABLE COMPLAI Name:	NED OF:
	Contact Info:	<del></del>
	(if known)	
condo	uct or practice complained o	LAINT: PLEASE BE SPECIFIC, Describe the of, the date(s) it occurred, names of witnesses cuments. You may attach as many additional orth your complaint.

The Complaint may be e-mailed, faxed, or mailed to the following:

Deputy Court Administrator Erie County Courthouse 140 West Sixth Street, Room 205 Erie, PA 16501

Fax: 814-451-6223

Email: <u>Jrager@eriecountypa.gov</u>