NORTHAMPTON COUNTY REPORTER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vol. 59 No. 44 11/3/2016

Rule 8. Complaint Form.
CONSTABLE REVIEW BOARD FOR THE 3RD JUDICIAL DISTRICT OF PENNSYLVANIA COMPLAINT

A. COMPLAINANT:
Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. CONSTABLE COMPLAINED OF:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(If known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. STATEMENT OF COMPLAINT: PLEASE BE SPECIFIC, relevant dates, names of witnesses and any relevant documents. Explain the conduct or practice complained of, the date(s), names of witnesses and attach copies of relevant documents. You may attach as many additional pages as necessary to fully set forth your complaint.
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Date Signature

The Complaint may be e-mailed, faxed, or mailed to the following:
Magisterial District Court Administrator
Northampton County Courthouse
669 Washington Street
Easton, Pennsylvania, 18042
Fax: 610-559-6702
Email: dfrench@northamptoncounty.org

 Nov.3