<u>COLLIN COUNTY CONSTABLE OFFICE PCT. 4</u> <u>COMPLEMENT/COMPLAINT FORM</u>

IN ACCORDANCE WITH TEXAS GOVERNMENT CODE 614.022, A COMPLAINT MUST BE SIGNED BY THE COMPLAINANT AND RETURNED TO:

Collin County Constable Pct. 4 Office 8585 John Wesley Dr. #100 Frisco, TX 75034 const4@collincountytx.gov

Complement/Complainant:			
Address:			
Home Phone: * * * * * * * * * * * * * * * * * * *	Work Phone: * * * * * * * * * * * * * * * *	E-Mail: * * * * * * * * * * * * *	*****
Employee(s):			
Nature of Complement/Complaint:	STATE OF		
Date:			
Complement/Complaint Received B	y: ELLA		
How Received:			
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * *	* * * * * * * * * * * * *	• * * * <mark>* *</mark> * * * * * * * * *
Complement/Complaint			
Narrative:			
CO	LLINCO NST	ABLE	
(continue on back of page if necessary and attac	h any pertinent documents if applic	able)	

Complement/Complainant Signature

Date