COMPLAINT FORM

For Office Use Only

Inq.# _____



STATE OF WASHINGTON COMMISSION ON JUDICIAL CONDUCT

P.O. Box 1817 Olympia, WA 98507 (360) 753-4585 Fax (360) 586-2918

CONFIDENTIAL

This form is designed to provide the Commission with information required to make an initial evaluation of your complaint, and to begin an investigation of your allegations. Please read the accompanying materials on the Commission's function and procedures before you complete this form.

► Do not send original records.

▶ Materials filed in the Commission's confidential records <u>cannot</u> be copied or returned to you. Please contact our office if you need accommodation. If you need to maintain a record, keep a copy.

▶ For security reasons, we do <u>not</u> accept thumb-drives or other removable storage devices. CDs and DVDs will be accepted.

PLEASE TYPE OR PRINT ALL INFORMATION

Your Name:	
Address:	
City:	_ State: Zip:
Daytime telephone:	Evening telephone:
Email address:	
Name of Judge/Commissioner:	County:
Court level:	
Case Name and Docket Number, if applicable:	
Attorneys involved:	
If this complaint relates to a trial or other court proceeding, has it been or will it be appealed?	
□ Yes □ No □ Not applicable	

Please provide a brief summary of the <u>unethical</u> actions or behaviors that you believe were committed by this judge or commissioner. (If you wish, you may refer to the Code of Judicial Conduct which you can find in the Washington Court Rules or on our website at <u>www.cjc.state.wa.us</u>.)

Please list the dates of alleged misconduct:

SUPPORTING FACTS:

Please state specific facts to support your allegation(s) of judicial misconduct. Include all pertinent dates, and name(s) of witnesses, if known. Attach **copies** of any documents which may support your position. You may attach additional pages if needed.

Signed: _____ Date: _____ Send completed form to: Commission on Judicial Conduct, PO Box 1817, Olympia, WA 98507

Note: Due to confidentiality requirements complaints cannot be accepted via e-mail.

[If you have a disability which requires assistance in filing a complaint or you would like this form in an alternate format, such as Braille, large print or audio tape, contact this office at (360) 753-4585 voice or TDD. We will take reasonable steps to accommodate your needs.]