

COMPLAINT FORM



STATE OF WASHINGTON
COMMISSION ON JUDICIAL CONDUCT

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

For Office Use Only

Inq.# _____

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.

- ▶ **Materials filed in the Commission's confidential records cannot be duplicated for you.**
- ▶ **If you need to maintain a record, keep a copy.**
- ▶ **Do not send original records you wish to keep without making prior arrangements for their loan, safe delivery and return.**
- ▶ **For security reasons, we do not 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: _____

Name of Judge/Commissioner: _____

County: _____

Court level: Municipal District Superior Appeals Supreme

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

