



**COMMONWEALTH OF MASSACHUSETTS
COMMISSION ON JUDICIAL CONDUCT
11 BEACON STREET, SUITE 525
BOSTON, MASSACHUSETTS 02108-3006
Phone: (617) 725-8050
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COMPLAINT FORM

CJC Complaint Number: _____

This form is designed to provide the Commission with information necessary to determine whether your complaint falls within the Commission's jurisdiction, pursuant to M.G.L. Chapter 211C, and whether an investigation or further action should be taken. Please review the Code of Judicial Conduct (SJC Rule 3:09) and the rules of the Commission, both of which are available on the Commission's website at www.mass.gov/cjc, before filling out this form. **ONLY ONE JUDGE MAY BE COMPLAINED OF ON EACH FORM.**

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

Your name: _____

Your address: _____

Daytime telephone number: _____

Name of judge: _____

Court: _____

Case name: _____

Docket number: _____

Attorney(s) involved: _____

Date(s) of misconduct: _____

Has an appeal been filed? _____

Please summarize the general nature of your complaint:

