



COMMONWEALTH OF MASSACHUSETTS
COMMISSION ON JUDICIAL CONDUCT
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For Office Use Only
CJC Complaint No. _____

This form is designed to provide the Commission with the information to screen your complaint and to begin an investigation of your allegations. Please read the accompanying materials on the Commission's function and procedures before filling out this form. We suggest that you keep a copy of your complaint and supporting documents because anything you submit becomes the property of the Commission and will not be returned to you or copied for you. ONLY ONE JUDGE MAY BE COMPLAINED OF ON EACH FORM.

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone: _____

Name of Judge: _____

Court: _____

Case Name: _____

Docket Number: _____

Attorneys involved: _____

Date(s) of misconduct: _____

Has an appeal been filed? _____

A Summary of the general nature of your complaint: _____

