



**COMMONWEALTH OF MASSACHUSETTS  
COMMISSION ON JUDICIAL CONDUCT  
11 BEACON STREET, SUITE 525  
BOSTON, MASSACHUSETTS 02108-3006  
Phone: (617) 725-8050  
Fax: (617) 248-9938**

**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](http://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:

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**Specific Facts:** Please describe exactly what the judge did that you believe constitutes judicial misconduct or evidence of disability, and on what date(s). YOUR COMPLAINT WILL BE SCREENED ON THE BASIS OF THIS FORM ONLY. DO NOT RELY UPON ATTACHMENTS TO MAKE YOUR ALLEGATIONS. (You may attach copies of any documents which support your allegations, for the purposes of the investigation. Please delete anyone's personal identifying information, such as social security number, bank account information, or credit card information.)

I understand that this complaint and any other communication to or from the Commission on Judicial Conduct must remain confidential to the extent required by M.G.L. Chapter 211C, Section 6, and Commission Rule 5. I also understand that this complaint and any attachments I send to the Commission become the property of the Commission and will not be returned to me.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail completed form to:

Executive Director  
Commission on Judicial Conduct  
11 Beacon Street, Suite 525  
Boston, MA 02108-3006