

State Commission on Judicial Conduct

PO Box 12265
Austin, TX 78711-2265
Tel. (512) 463-5533 · Toll Free: (877) 228-5750

For SCJC use only.

Complaint Form

- If you are filing a complaint about more than one judge, please use a separate form for each judge.
- You may complete this form online before printing.
- Send the completed form and any additional pages or related documents to SCJC.

* Indicates required fields. Please note that faxed complaints will **NOT** be accepted.

*Your name: _____ *Judge: _____
*Mailing Address: _____ *Court Number: _____
*City, State Zip: _____ *City and County: _____
*Date of Birth: _____
Your Phones: Day (____) _____ Evening (____) _____
Cell/Other (____) _____ Best time to call you: _____ A.M. P.M.

If your complaint involves a court case, please provide the following information:

Cause Number: _____ Status of your case: Pending Concluded On appeal
Your attorney: _____ Opposing Attorney: _____
Address: _____ Address: _____
City/Zip: _____ City/Zip: _____
Phone Number(s): _____ Phone Number(s): _____

PLEASE FILL IN ALL INFORMATION AVAILABLE FOR ANY WITNESSES (attach additional pages as needed)

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number(s): _____	Phone Number(s): _____
What did this person witness? <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	What did this person witness? <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

If you are submitting documents, please provide copies, not originals.

I understand that as part of the Commission's investigation the judge may be provided a copy of this complaint. Please note - the Commission will do its best to maintain your confidentiality, **if you so request**. However, it may not be possible for us to pursue our investigation without revealing your identity at some point. If it is necessary to reveal your identity directly to the judge, we will advise you before proceeding.

*I request that my identity be kept confidential. Yes No

*Signature: _____ *Date: _____

How did you hear about the State Commission on Judicial Conduct? (please select one) State Bar of Texas
 Another State agency News media Attorney Friend Other: _____

Details of Complaint

Please type or print the factual details of your complaint in the space provided below. **Please include the date(s) of the alleged misconduct.** If more space is needed, attach additional sheets. Please sign and date each additional sheet. Your complaint should be as specific as possible, PLEASE DO NOT CITE CASE LAW IN YOUR COMPLAINT.

*Date(s) of Alleged Misconduct of Judge: _____

*Factual Details of your complaint against Judge:

*Printed Name: _____

*Signature: _____

*Date: _____