

STATE OF CONNECTICUT  
JUDICIAL REVIEW COUNCIL

**COMPLAINT FORM**

COMPLAINT AGAINST A JUDGE, FAMILY SUPPORT MAGISTRATE, OR  
WORKERS' COMPENSATION COMMISSIONER

This form is designed to provide the Council with information necessary to review your complaint. **PLEASE READ THE "GUIDELINES FOR COMPLETING THIS FORM" REFERENCED IN THE ACCOMPANYING BROCHURE, AND REFER TO THE ACCOMPANYING INFORMATION HANDBOOK EXPLAINING THE COUNCIL'S FUNCTION, JURISDICTION, AND PROCEDURES BEFORE ATTEMPTING TO COMPLETE THIS FORM.**

**PLEASE NOTE: COMPLAINTS MUST BE TYPED OR LEGIBLY HAND PRINTED, DATED, SIGNED, AND NOTARIZED BEFORE IT WILL BE CONSIDERED. RETAIN A COPY FOR YOUR RECORDS, AS COMPLAINTS AND DOCUMENTATION SHALL BECOME THE PROPERTY OF THE COUNCIL AND CANNOT BE RETURNED.**

**I. Person making complaint**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Date of Birth)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Day) (Evening)

**2. Person against whom complaint is made**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Judge \_\_\_\_\_ Family Support Magistrate \_\_\_\_\_ Workers' Compensation Commissioner \_\_\_\_\_

**3. Statement of facts**

Please describe, in detail, the conduct which you believe constitutes judicial misconduct, including names, dates, places, addresses, and telephone numbers that may assist the Council in processing your complaint.

If additional space is required, attach and number additional one-sided 8 1/2" x 11" pages.

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**PROVIDE COPIES OF TRANSCRIPTS AND/OR ANY DOCUMENTS YOU BELIEVE SUPPORT YOUR CLAIM THAT THE JUDGE, FAMILY SUPPORT MAGISTRATE, OR WORKERS' COMPENSATION COMMISSIONER HAS ENGAGED IN JUDICIAL MISCONDUCT.**

**4. Additional Information**

(a) When and where did the alleged judicial misconduct occur?

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

(b) If your complaint arises out of a court case, please answer the following questions:

(1) What is the name and docket number of the case?

Case Name: \_\_\_\_\_ Case No. \_\_\_\_\_

(2) What kind of case is it?

Civil \_\_\_\_\_ Criminal \_\_\_\_\_ Family \_\_\_\_\_ Juvenile \_\_\_\_\_ Other \_\_\_\_\_

(List) \_\_\_\_\_

(3) What is your relationship to the case?

\_\_\_\_\_ plaintiff/petitioner \_\_\_\_\_ defendant/respondent

\_\_\_\_\_ attorney for \_\_\_\_\_; \_\_\_\_\_

\_\_\_\_\_ witness for \_\_\_\_\_; \_\_\_\_\_

\_\_\_\_\_ other (specify, i.e. observer, relative) \_\_\_\_\_

(c) If you were represented by an attorney in this matter at the time of the claimed misconduct, please identify the attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

(d) If the opposing party was represented by an attorney, please identify the attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

(e) Identify any other witnesses to the conduct about which you complain:

Name(s): \_\_\_\_\_

Addresses: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

I declare, under the penalties of perjury, that, to the best of my knowledge and belief, the statements made above and on any attached pages are true and correct.

Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_  
Notary Public  
Commissioner of the Superior Court or  
Justice of the Peace

**Send your signed and notarized complaint to:**

**Judicial Review Council  
505 Hudson Street  
P. O. Box 260099  
Hartford, CT 06126-0099**