

**Judicial Qualifications Commission
State of South Dakota**

**PO Box 1238
Pierre, SD 57501-1238
(605) 773-3711
FAX: (605) 773-6492**

COMPLAINT – CONFIDENTIAL

Your Name: _____

Address: _____

Telephone: _____ E-mail: _____

Name of Judge/Magistrate: _____

Case No. (if known): _____ County: _____

Attorneys involved (if any): _____

Other people present: _____

Nature of the Complaint

**[Please print or type. Be as specific as possible, attach additional sheets as necessary;
attach only significant documents, transcripts or memoranda.]**

**I request that this alleged conduct be investigated and appropriate action
be taken.**

Date: _____ **Signature:** _____