



COMPLAINT AGAINST A JUDICIAL OFFICER

HOW DO I FILE A COMPLAINT?

Complaints must be in writing. You may use this form or write a letter to the Presiding Judge. Electronic filing of complaints is not available; complaints must be submitted to the Office of the Presiding Judge as follows:

Please retain a copy of this completed form and submit or mail the original to:

For complaints against all other Judicial Officers

Office of the Presiding Judge
ATTN: Presiding Judge
247 West Third Street, 11th Floor
San Bernardino, CA 92415-0302

For complaints against a Temporary Judge

Office of the Presiding Judge
ATTN: Temporary Judge Committee Chair
247 West Third Street, 11th Floor
San Bernardino, CA 92415-0302

CONTACT INFORMATION

Today's Date: _____

Complainant Name: _____ E-Mail Address: _____

Address: _____ City/State/Zip Code: _____

Telephone Number: _____

JUDICIAL OFFICER AGAINST WHOM COMPLAINT IS MADE

Judge's Full Name: _____

Type of Judge: Judge Assigned Judge Subordinate Judicial Officer Temporary Judge I Don't Know

STATEMENT OF COMPLAINT

Date of Occurrence: _____ If the complaint involves a court case, please provide:

Case Number: _____ Your Relationship to the case: _____

Type of Hearing: _____ Department Number: _____

Type of Case:

- Appeals Civil Criminal Family Law
 Juvenile Delinquency Juvenile Dependency Landlord Tenant Mental Health
 Probate/Conservatorship/
Guardianship Small Claims Traffic Other: _____

SUPERIOR COURT OF CALIFORNIA,
COUNTY OF SAN BERNARDINO



Location:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Barstow | <input type="checkbox"/> Big Bear | <input type="checkbox"/> Fontana | <input type="checkbox"/> Joshua Tree |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency
San Bernardino | <input type="checkbox"/> Mental Health Court
(ARMC) | <input type="checkbox"/> Needles |
| <input type="checkbox"/> Rancho Cucamonga | <input type="checkbox"/> San Bernardino -
Child Support | <input type="checkbox"/> San Bernardino Justice
Center | <input type="checkbox"/> San Bernardino -
Historic |
| <input type="checkbox"/> Victorville | <input type="checkbox"/> Juvenile Delinquency
Victorville | | |

Please provide a statement outlining the basis of your complaint. Provide relevant dates and the names of others present, if known. If additional space is required, attach and number additional pages.

SIGNATURE

Signature

Date