

**Judicial Qualifications Commission
State of South Dakota**

**500 East Capitol Ave.
Pierre, SD 57501-5070
(605) 773-3474
FAX: (605) 773-8437**

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: _____