

**Judicial Qualifications Commission  
State of South Dakota**

**PO Box 230  
Rapid City, SD 57709-0230  
(605) 394-2571  
FAX: (605) 394-6628**

**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:** \_\_\_\_\_