JUDICIAL ELECTION COMPLAINT FORM

NEVADA STANDING COMMITTEE ON
JUDICIAL ETHICS & ELECTION PRACTICES
P.O. Box 48, Carson City, NV 89702
Tel: 775/687-4017 Fax: 775/687-3607

Date of Complaint:_____

Name of Judge/Judicial Candidate Making Complaint: _____

Complete Address:_____

Phone (work):_____ Phone (home):_____

Name of Judge/Judicial Candidate Being Complained Of:_____

Judicial District or Township Where Race is Occurring:_____

Date Incident Complained of Occurred:_____

NATURE OF COMPLAINT. (Please be specific and attach pertinent materials as necessary. If your complaint involves television commercials, radio broadcasts, etc., please attach a copy of the videotape or audiotape, if available. Attach additional sheets, as needed)

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The above-referenced Complaint is true and correct or if stated to be on information and belief is true and correct to the best of my information and belief. I have been provided with and have read the rules regarding election complaints and their resolution, including confidentiality requirements.

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Signature of Judicial Candidate/Judge