TEXAS COURT CLERKS ASSOCIATION ETHICS COMPLAINT FORM



- If you are filing a complaint about more than one Clerk, please complete a separate form for each person.
- You must complete this form and submit electronically to the Ethics Committee Chair.
- You may upload additional pages to this submission if necessary.

*Indicates required fields	Please note: Faxed complaints will not be accepted.				
Your name:	*Preferred Phone				
Email:					
Court:	*Judge:				
Court Address:	*County:				
*City/State/Zip:	Best time to call:AMPM				
LEASE FILL IN ALL INFORMATION A	AVAILABLE FOR ANY WITNESSES (attach additional pages as needed)				
Please provide: Name, Address, Pho	one Number, and what the person witnessed				
Witness #1:					
Witness #2:					
f you are submitting documents, ple	ease provide copies, not originals.				
understand that as part of the investigati Ethics Committee will do its best to maint	tion, the Clerk may be provided a copy of this complaint. Please note: the tain your confidentiality, if you so request . However it may not be without revealing your identity at some point. If it is necessary to				
I request that my identity be kept con-					

Details of Complaint

Please type or print the factual details of your complaint, including the date(s) of the alleged incident in the space below. If more space is needed, attach additional sheets. Please sign and date each additional sheet. Your complaint should be as specific as possible. PLEASE PROVIDE FACTUAL INFORMATION.

HIS	COMPLAINT	IS BASED C	N THE FOI	LOWING:				
						cts the details re tement(s) are tru	egarding this complate and accurate.	laiı
COM	MPLAINANT'	S NAME (typ	ing your nan	ne here cons	titutes your			
anati	ura).							