

# Magistrate Complaint Form

VIRGINIA MAGISTRATE SYSTEM

**Mail to:**

DEPARTMENT OF MAGISTRATE SERVICES  
OFFICE OF THE EXECUTIVE SECRETARY  
100 N. Ninth Street  
Richmond, VA 23219-2335  
Telephone: (804) 786-8476

NOTE: Complete and submit this form if you have a complaint about a magistrate's conduct. The Office of Executive Secretary of the Supreme Court of Virginia, the appointing and supervising authority for Virginia magistrates, takes all complaints against magistrates very seriously. Your complaint will be given our full attention and will be resolved as quickly as possible.

**YOUR NAME:**

Mr.     Mrs.     Miss     Ms.

\_\_\_\_\_  
First

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Last

**YOUR ADDRESS:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail

Daytime Telephone No.:

Home: (    )

Work: (    )

Other Telephone No. & times you can be reached:

(    )

(    )

**MAGISTRATE'S NAME**

\_\_\_\_\_  
First

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Last

**MAGISTRATE'S OFFICE ADDRESS:**

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Magistrate's Telephone No.:

(    )

**DESCRIBE YOUR COMPLAINT AGAINST THE MAGISTRATE:**

*(Continue on the back or a separate page if you need more space. Also, attach copies of any documents that help explain your complaint.)*

**Answer the following questions:**

Have you or any member of your family contacted us about this magistrate before?  Yes or  No.

If yes, did the previous contact involve the same complaint?  Yes or  No.

Furthermore, if yes, please state when you or your family member made the complaint and what was the outcome?

**YOUR SIGNATURE:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM MUST BE SIGNED AND DATED**