



# Office of the Judicial Oversight Commission Saint Regis Mohawk Tribe

71 Margaret Terrance Memorial Way,  
Akwasasne, NY 13655 Phone: 518-358-2272  
Email: JOC@srmt-nsn.gov

**COMPLAINT FILED**

**COMPLAINANT**

Last Name	First Name	Date of Birth
Address		Telephone (Res) Telephone (Cell)
City		Telephone (Office)
E-mail		Fax ( )

**I WOULD LIKE TO COMPLAIN ABOUT THE CONDUCT OF THE FOLLOWING JUDGE(S) OF THE SAINT REGIS MOHAWK TRIBAL COURT**

1 Name
2 Name
3 Name
4 Name

**DATE AND HOUR OF THE EVENT THAT GIVE RISE TO THE COMPLAINT**

Year	Month	Day	Hour	Generally the time limit for filing a complaint is 2 years from the date of the event or the awareness of the event from which the complaint arose.

**PLACE(S) OF EVENT(S) complete address, if available**

1
2
3
4

**Number of Judicial files (if applicable)**

1
2
3
4

\_\_\_\_\_  
Complainants Name

\_\_\_\_\_  
Date filed





