

**CONTRA COSTA COUNTY SUPERIOR COURT
COMMITTEE ON BIAS COMPLAINT FORM - INSTRUCTIONS
(SEE LOCAL RULE 2.150)**

Standard 10.20 of the Standards of Judicial Administration provides that a court, its judicial officers, and its employees should refrain from conduct exhibiting bias based on classifications protected by law and should prevent others from engaging in such conduct. This includes bias based on:

- | | | |
|-----------------------|-------------------------|-------------------------------|
| • Age | • Medical condition | • Reproductive health |
| • Ancestry | • Military or veteran | decision-making |
| • Color | status | • Sex |
| • Ethnicity | • National origin | • Sexual orientation |
| • Gender | • Physical or mental | • Socioeconomic status |
| • Gender expression | disability | • Any other classification |
| • Gender identity | • Political affiliation | protected by federal or state |
| • Genetic information | • Race | law |
| • Marital status | • Religion | |

The Contra Costa Superior Court Committee on Bias is charged with reviewing complaints of bias made against judicial officers. The Committee's informal procedure is not designed to discipline a judicial officer, but to educate with the purpose of improving the problem and preserving the integrity and impartiality of the judicial system.

If you feel there has been an incident in which a judicial officer exhibited bias, please fill out the information on the next page. The form will be reviewed by the Committee on Bias, and you will receive a reply within 90 days.

The Committee has no authority to overrule or change a judge's rulings or orders, nor is the Committee empowered to discipline any judge. Disciplinary complaints should be submitted to the Commission on Judicial Performance at https://cjp.ca.gov/file_a_complaint/.

Complaints may be submitted by email to bias@cccba.org or by via letter addressed to the Committee on Bias, 2300 Clayton Rd., Suite 520, Concord, CA 94520.

**CONTRA COSTA COUNTY SUPERIOR COURT
COMMITTEE ON BIAS COMPLAINT FORM**

Your Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Person alleged to have committed bias*: _____

*The Committee cannot investigate complaints against unnamed judicial officers. If you do not know the name, please provide as much detail as possible (hearing date, department, case #) below.

The individual showed bias based on the following categories based on **(check one or more)**:

- | | |
|---------------------|--|
| Age | Military or Veteran Status |
| Ancestry | National Origin |
| Color | Physical or Mental Disability |
| Ethnicity | Political Affiliation |
| Gender | Race |
| Gender Expression | Religion |
| Gender Identity | Reproductive Health Decision-making |
| Genetic Information | Sex |
| Marital Status | Sexual Orientation |
| Medical Condition | Socioeconomic Status |
| | Any other classification protected by federal or state law |

Please describe the incident in which this individual exhibited bias. Please be as specific as possible and describe the basis of the alleged bias with references to the specific categories of bias listed on the instruction page. Attach additional pages as necessary.