



DEPARTMENT OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION ETHICS ADVISORY COMMITTEE

**Complaint About a Workers' Compensation Administrative Law Judge**  
(Labor Code §123.6 and Title 8, Cal. Code Regs. §9722.1)

Date: \_\_\_\_\_

Your name: \_\_\_\_\_ Your telephone number: \_\_\_\_\_

Your address: \_\_\_\_\_

Your attorney's name (if any): \_\_\_\_\_ Your attorney's phone number: \_\_\_\_\_

Judge's name: \_\_\_\_\_ WCAB Case No.: \_\_\_\_\_

Name of the WCAB case: \_\_\_\_\_

In the space below, please specify exactly what action or behavior of the judge you believe is an ethical violation.  
Please provide relevant dates and the names of others present.  
Use additional sheets if needed.

---

*It may be a felony to make or cause to be made any knowingly false or fraudulent material statements in support of, or in opposition to, any claim for workers' compensation benefits. Your signature below indicates that you have read and understood the above statement.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Return to: Department of Industrial Relations  
Workers' Compensation Ethics Advisory Committee  
P.O. Box 420603  
San Francisco, CA 94142-0603

*Note: Filing a complaint with the Ethics Advisory Committee is NOT a Petition for Reconsideration or Appeal of an Award or Order. Filing a complaint will NOT result in a reversal or change in any decision already made by the judge.*

## Judges and Judicial Ethics

All Workers' Compensation Administrative Law Judges must follow the California Code of Judicial Ethics. A copy of the Code is available for inspection at any Workers' Compensation Appeals Board office. A copy of the Code may be obtained for the cost or reproduction (\$2.00) by writing to:

Division of Workers' Compensation  
P.O. Box 420603  
San Francisco, CA 94142-0603

Please make your \$2.00 check or money order payable to "Division of Workers' Compensation."

**If you have evidence that a Worker's Compensation Administrative Law Judge has violated the Code of Judicial Ethics, you may complain either to:**

***The Presiding Workers' Compensation Judge***  
**at the Workers' Compensation Board district office**  
**where the judge is employed;**

**or to:**

**Workers' Compensation Ethics Advisory Committee**  
**Department of Industrial Relations**  
**P.O. Box 420603**  
**San Francisco, CA 94142-0603**

The Workers' Compensation Ethics Advisory Committee is an independent state committee. The Committee receives and monitors complaints against Workers' Compensation Administrative Law Judges.

Complaints must be in writing and must allege **specific conduct** which violates the Code. Please use the complaint form which is available free at every Appeals Board office.

Examples of Code violations are abusive conduct (e.g. threats, harassment, profanity), expressions of bias or prejudice, accepting a payment or gift from a litigant, intoxication, etc.

**A ruling by a judge - no matter how wrong that ruling is - is not by itself an ethical violation.** If you think the Judge made a wrong decision in your case, you should consult with a lawyer or an Information & Assistance Officer. You may have the right to file a petition for reconsideration or to seek some other legal remedy to correct the wrong ruling. You should act promptly. One normally has only 20 days to appeal any decision of a Workers' Compensation Judge.

***Note: Filing a complaint with the Ethics Advisory Committee is NOT a Petition for Reconsideration or Appeal of an Award or Order. Filing a complaint will NOT result in a reversal or change in any decision already made by the judge.***

## **If you have a complaint against**

### *An Attorney*

Complaints against attorneys -- either your own or your opponent's -- may be addressed to:

The State Bar of California  
180 Howard Street  
San Francisco, CA 94105-1617  
1-800-843-9053 (toll free in California)  
213-765-1200 (from outside California)

### *An Insurance Company*

Department of Insurance or DWC Audit Unit

Department of Insurance  
Claims Service  
300 So. Spring Street  
Los Angeles, CA 90013  
(800) 927-4357  
(213) 987-8921

Division of Workers' Compensation  
Audit Unit  
2424 Arden Way, Suite 305  
Sacramento, CA 95825-2403  
(916) 263-2710

### *A Physician*

Medical Board of California or Industrial Medical Council

Department of Consumer Affairs  
Medical Board of California  
1426 Howe Avenue  
Sacramento, CA 95825  
(800) 633-2322  
(Toll Free Complaint Line)

If your complaint concerns a Qualified Medical Evaluator (QME):

Division of Workers' Compensation  
Medical Unit  
P. O. Box 71010  
Oakland, CA 94612  
(510) 286-3700

### *Any Personnel of the Division of Workers' Compensation except a judge*

Administrative Director  
Division of Workers' Compensation  
P.O. Box 420603  
San Francisco, CA 94142-0603