

COMPLAINT FORM

Full Name: _____ Postal Address: _____

Telephone/Fax Numbers: _____

E-mail Address: _____

Name of Attorney complained about: _____

Brief account of complaint:

1. Was any money paid to Attorney? Yes / No

If yes, how much? _____

What was the arrangement: _____

2. Was money paid as a retainer only or as full payment for services to be rendered? _____

3. When/How it began: _____

7. Please attach copies of relevant documentation, receipts, or otherwise which might be applicable to your claim.

8. Remedy sought: _____

Signature: _____

Date: _____