

OFFICE OF CHIEF DISCIPLINARY COUNSEL

COMPLAINT FORM
Type or Complete in Black Ink

1. Your full name and address:

2. Telephone number(s): Home: _____ Cell: _____ Work: _____

3. The name, address, telephone number of the attorney being complained about:

NOTE: If you are complaining about more than one attorney, prepare a separate complaint form and factual statement for each attorney.

4. Have you or a member of your family complained about this attorney previously? Yes _____ No _____. If so, please state to whom the previous complaint was made, the approximate date and disposition.

5. Did you employ the attorney? Answer yes or no and if "yes," give the approximate date you employed him/her and the amount, if any, paid to him/her. _____

6. If your answer to question 5 is "no," what is your connection with the attorney? Explain briefly.

7. **Type or write out on a separate piece of paper, and send with this form a detailed, factual statement of what the attorney did or did not do that you are complaining about. Please state the facts as you understand them. Do not include opinions or arguments. If you employed the attorney, state what you employed him/her to do. Sign and date your statement. Further information may be requested.**

Attach copies of pertinent documents. Please be selective with regard to the documents you include. Please be advised we cannot return documents submitted to this office. You should retain a copy of all materials you submit. See reverse side of form for more instructions.

8. If your complaint involves a legal proceeding, answer the following, if known:

a. Name of court (Example: Circuit Court or Municipal Court – in what county)

b. Case Name (Example: Smith vs. Jones)

c. Case # and date case was filed _____

d. If you are not a party to this case, what is your connection with it? Explain briefly.

Please print this form, sign & date below prior to sending to OCDC.

Signature _____ Date _____

MAIL TO: OCDC, 3327 AMERICAN AVENUE, JEFFERSON CITY, MO 65109-1079

TELEPHONE 573-635-7400

FAX NUMBER 573-635-2240

Instructions for filing:

Be sure to give the full and complete name of the attorney about whom you are complaining. Also give his/her address and telephone number. If you wish to complain about more than one attorney, use a separate complaint form for each attorney. If any of the blank spaces do not apply to your case, write in this particular space N/A (Not Applicable). Be sure to date and sign the complaint form.

On a separate sheet of paper, tell us what your complaint is against the attorney. We also need to know the background of your case: what type of case it is (i.e. divorce, criminal, etc.), when it first started, how you chose the attorney, when you first met with the attorney, what type of agreement you had with the attorney, if the agreement was verbal or in writing, etc., the last date you were in contact with the attorney and what occurred at that time, then tell us in your own words what has happened so far in the case.

Enclosure of Documents:

The following are a list of items which will be useful to our office in evaluating your complaint. If you have any of these items in your possession, please include copies of them with your complaint. **DO NOT SEND ORIGINAL DOCUMENTS, only copies, as we are not able to return your documents to you.**

- A copy of any fee agreement which you might have in writing from the attorney. If there was no written agreement, please explain what your understanding was as to how and when the attorney was to be paid for fees, costs, etc.
- Copies of the front and back sides of all cancelled checks and/or copies of receipts you have showing payments made by you to the attorney.
- Copies of any pertinent court documents in your possession that relate specifically to the issues you raise in your complaint.
- If you have hired a new attorney, please provide his or her name, address and telephone number.