



**OFFICE OF DISCIPLINARY COUNSEL**  
**THE BOARD ON PROFESSIONAL RESPONSIBILITY**  
**DISTRICT OF COLUMBIA COURT OF APPEALS**

515 Fifth Street, N.W.  
Building A, Room 117  
Washington, D.C. 20001  
(202) 638-1501 Fax (202) 638-0862  
[www.dcattorneydiscipline.org](http://www.dcattorneydiscipline.org)

*(Please print or type)*

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

A. Your Name: (Dr.)  
(Mr.)  
(Ms.)  
(Mrs.)

\_\_\_\_\_  
(First) (Initial) (Last)

Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

(NOTE: It is very important that we have your telephone number(s) and that you inform our office if you have a change of address.)

B. Attorney Complained Of:

Name: \_\_\_\_\_  
(First) (Initial) (Last)

Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No.: \_\_\_\_\_ Attorney's Bar No., if known: \_\_\_\_\_

C. Have you filed a complaint about this matter anywhere else?  Yes  No // If yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_

D. Do you have a written retainer agreement with the attorney?  Yes  No // If yes, please attach a copy.

\_\_\_\_\_

E. Where applicable, state the name of the court where the underlying case was filed, and the case name and number.

\_\_\_\_\_

\_\_\_\_\_

F. Do you have other documents that are relevant?  Yes  No // If yes, please give details and provide copies.

\_\_\_\_\_

\_\_\_\_\_

**SEE REVERSE SIDE FOR REQUIRED DETAILS & SIGNATURE**

G. DETAILS OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

