



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

(Please print or type)

Date: _____

A. Your Name: (Dr.) _____
(Mr.) _____
(Ms.) _____
(Mrs.) _____
(First) (Initial) (Last)

Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Business Telephone: _____ Home Telephone: _____ Cell: _____

(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: _____

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