MAIL COMPLAINT BACK TO:

(Revised 05/17)

#### KENTUCKY BAR ASSOCIATION OFFICE OF BAR COUNSEL 514 WEST MAIN STREET FRANKFORT KY 40601-1812

# **COMPLAINT FORM**

(Please type or print in black ink)

NAME AND ADDRESS	OF COMPLAINANT (Ple	ase print) DATE:	
		HOME #:	
		CELL #:	
	<u>_</u>	EMAIL:	
NAME & ADDRESS OI		WHOM COMPLAINT IS MADE	
		PHONE #:	
IF COMPLAINT INVO	LVES COURT CASE, PRO	OVIDE THE FOLLOWING:	
CASE NO	PARTY NAM	/IES:	
COURT:	COUNTY:	(if state case) ACTIVE CASE? Ye	s / No

### **COMPLAINT INSTRUCTIONS**

(Please read carefully)

- 1. Supreme Court Rule 3.150 provides this matter is confidential until the Inquiry Commission or its Chair has acted.
- 2. The KBA investigates Complaints on behalf of the Kentucky Supreme Court and <u>does not</u> represent the Complainant or the Attorney (Respondent).
- 3. The attorney listed above will receive a copy of this complaint and be asked to respond to the allegations.
- 4. Complaints against law firms are not accepted. For complaints involving more than one attorney, use a SEPARATE form for each attorney and include details and exhibits specific to that attorney only. Do not combine details or exhibits into one document and attach to multiple complaints. If comments about a complaint filed against another attorney other than the one on the listed on the form are included in the details, it will be returned.
- 5. Every complaint must have an original notarized signature. Copied signatures will not be accepted.
- 6. Attach COPIES of documentation only, i.e., receipts, contracts, etc. Do not send originals.
- 7. State specifically what the attorney did or failed to do which constitutes unethical conduct. If drugs, alcohol or mental disability are believed to have affected the lawyer's representation, please state facts in support of that belief.
- 8. Provide the names, addresses, and phone numbers of any witnesses.
- 9. Do not bind the complaint.
- 10. If money was lost due to dishonesty, fraud, or other unethical conduct within the attorney/client relationship, contact the Office of Bar Counsel to request a Client's Security Fund claim form. Claims must be filed no later than two years after you knew or should have known of the attorney's dishonest conduct. Forms are also available on our website www.kybar.org.

#### **DETAILS OF COMPLAINT**

More pages may be added if necessary.


I swear the foregoing statements are true and correct to the best of my knowledge and belief and I will voluntarily appear and testify to the facts in the complaint if called upon to do so by the Kentucky Bar Association.

## SIGNATURE OF COMPLAINANT

## **NOTARY'S CERTIFICATE**

COMMONWEALTH/STATE OF: \_\_\_\_\_)

COUNTY OF: \_\_\_\_\_\_)

The above complainant, \_\_\_\_\_\_, (print complainant's name) appeared before me in person, and the complaint being subscribed and sworn to before me, a Notary Public, in and for the State and County this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC
My Commission expires: \_\_\_\_\_