

COMPLAINT FORM

Please Read the FAQ Before Filling Out Your Complaint. Please note there are Five Parts (A-E) to the Complaint Form. Please fill out ALL Parts.

PART A: INFORMATION ABOUT YOU

(Please PRINT CLEARLY and notify us immediately of any changes)

Name (required) _____

First

Last

Prefix: Mr. Ms. Mrs. Mx. Dr. Hon

Address (required) _____

City

State

Zip Code

Telephone number _____

Email address (required)* _____

*All future correspondence with limited exceptions will be sent via email unless you opt out by checking here:

PART B: INFORMATION ABOUT THE ATTORNEY AND MATTER OF YOUR COMPLAINT (Please use one complaint form per attorney)

Attorney's Full Name:* _____

*Your complaint must be against an attorney and cannot be against a law firm or office.

Address _____

Telephone number _____

Email Address _____

- 1) Does (did) this attorney represent you? YES NO
 If yes, when (month/year) was the attorney hired? _____
 If no, what is your relationship to the attorney?
 opposing counsel successor counsel
 opposing party judge/hearing officer
 other _____
- 2) Was the attorney a court-appointed attorney? YES NO
 If yes, is the matter still pending? YES NO
- 3) If the attorney no longer represents you when did representation end?
 Date representation ended: _____
- 4) What type of legal work was/is involved? (Check all that apply)
 Bankruptcy Commercial Criminal Law
 Estate/Probate Family Law/Divorce Immigration Personal Injury
 Worker's Compensation Real Estate Other Civil Other _____
- 5) What is the general nature of your complaint against the attorney? (Check all that apply)
 Delay or lack of diligence Failing to communicate
 Misrepresentation/false statements Revealing confidences
 Refusing to return your files or papers Conflict of interest
 Not following your instructions Lack of competence
 Improper handling of your money or property/attorney fees
 Not keeping you informed of progress on your case
 Other _____
- 6) Did the representation involve a lawsuit or court case? YES NO
 If yes, please provide court, case number, and party names of any court case.
 Court: _____

Case number: _____

Party names in lawsuit: _____

- 7) Before filing this complaint, have you contacted the attorney and informed them of your concerns? YES NO

If yes, please describe when and what happened.

PART C: DESCRIBE YOUR COMPLAINT

Please provide a brief statement about your complaint. State in order the circumstances involved. Include dates or approximate dates if possible. Please include what the attorney did that you believe is inappropriate. Specific details are the most helpful. Statements like “She lied,” “He was unfair,” or “He yelled” are not helpful. You do not need to cite or discuss specific ethics rules. **You should be as complete as you can be so that we understand the nature of your complaint, but you do not need to tell us everything that happened. If we need additional information to understand your complaint, we will contact you.** You may attach additional sheets of paper if you do not have room below to fully explain your complaint. Review the FAQ for more information.

PART D: ATTACHING SUPPORTING DOCUMENTS

Attach any documents you believe will help us understand the nature of your complaint. **We do not need all documents you have but you should include any key documents that will help us understand your complaint.** You may attach photocopies. If your complaint concerns conduct related to a court case, please provide copies of any relevant court documents or orders. **PLEASE DO NOT SEND ORIGINAL DOCUMENTS. WE CANNOT BE RESPONSIBLE FOR THEIR SAFE KEEPING AND WILL NOT BE ABLE TO RETURN THEM TO YOU. ALL PAPER DOCUMENTATION WILL BE SCANNED AND THEN SECURELY SHREDDED.**

Please mail complaint form and supporting documents to:

Office of Lawyers Professional Responsibility
Minnesota Judicial Center, Suite 105
25 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Or email to:

OLPRComplaintDocs@courts.state.mn.us

PART E: ACKNOWLEDGMENT

In filing this complaint, I understand and agree that all information on this form, including my name, address and attachments, will be available for review by the attorney and others who may view the information as permitted under Rule 20, Rules on Lawyers Professional Responsibility. This complaint form and other submissions by me will be sent to the attorney. I understand that if this matter is charged out for public discipline, it will become part of a public record and this complaint form and other submissions by me will become part of a public proceeding.

Signature

Date