

**MINNESOTA
OFFICE OF LAWYERS PROFESSIONAL RESPONSIBILITY
COMPLAINT FORM**

Complaints cannot be filed against a firm, you must name an individual lawyer. If you have complaints regarding more than one lawyer, please complete a separate form for each.

Fields denoted by * are required.

Your Name, Address and Phone Numbers

Mr. Mrs. Miss Ms.

***First**

Middle:

***Last:**

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***Address 1**

--

Address 2

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***City:**

***State:**

***Zip Code:**

--	--	--

Phone Numbers:

Home:

Work:

Cell:

--	--	--

Lawyer's Name, Address and Phone Number

***First**

Middle:

***Last:**

--	--	--

***Address 1**

--

Address 2

--

***City:**

***State:**

Zip Code

--	--	--

Phone Numbers:

Office:

Cell:

--	--

I am the: (check one)

Client

Former Client

Opposing Party

Opposing Attorney

Creditor

Other

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If you are a client or former client, give the approximate date you hired the lawyer, and the nature of your legal case.

If you are someone other than the client, please state your connection to the lawyer.

***Complaint: Please state what the lawyer did or failed to do that you feel is unethical. Please also attach copies of any documents that would help explain or support your complaint. If you need more pages, please attach them.**

Are you submitting documents with this complaint?

- No
- Yes

***Dated:** _____

Signature: _____

MAIL TO:

Office of Lawyers Professional Responsibility
1500 Landmark Towers
345 St. Peter Street
St. Paul, MN 55102
(651) 296-3952
1-800-657-3601
Fax (651) 297-5801

TTY USERS CALL MN RELAY SERVICE TOLL FREE 1-800-627-3529