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 Number	c			
	O Ms.	•			
*First	Middle:		*Last:		
FIISL	Middle:		Last.		
*Address 1					
Address 2					
				_	
*City:			*State:	*Zip Code:	
Phone Numbers:					
Home:	Work:		Cell:		
Lawyer's Name, Address	and Phone Num	nber			
*First	Middle:		*Last:		
	I				
*Address 1					
Address 2					
	_				
*City:			*State:	Zip Code	
Phone Numbers:					
Office:		Cell:	Cell·		
		JOII.			
I am the: (check one)					
		O Opposing	Attorney		
O Former Client		O Creditor			
O Opposing Party		O Other			

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?					
O No					
O 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