## BOARD OF PROFESSIONAL RESPONSIBILITY OF THE SUPREME COURT OF TENNESSEE

## **MEMORANDUM OF COMPLAINT**

our Name: □ Mr. □ M	Mrs. □ Ms. □Miss □Other			
our Home Address:				
mail	Check box, if incarcerated:  Inmate ID#	City #:	State	Zip
our Home Phone:	Your Work Phone:			
our Employer:				
our Work Address:				
low do you prefer to re	eceive correspondence? □Home addre	<b>City</b> ess □Work Ado	State dress	Zip
lame of Lawyer You Ar i <b>rm.)</b>	re Complaining About: <b>(Fill out a separ</b>	rate form for eac	ch attorney. Do i	ot list law
	Lawye	r Phone:		
ddress of Lawyer:		City	Chala	nt
ate of first contact wit	ch Attorney: Date of last C	<b>City</b> Contact with Atto		Zip 
your case: Criminal □Civil	□ Case# county: or	Federal District: Eas	stern 🗆 Middle 🗆 W	lestern □
'he above lawver is: □	My attorney $\square$ Opposing attorney $\square$ (	Other, Explain:		
LEARLY DESCRIBE Y	OUR COMPLAINT AND ATTACH SUPI	PORTING DOCU	MENTS:	

## If more space is needed, please attach other pages. Please do <u>not</u> write on back.

## OPTIONAL: PLEASE PROVIDE THE NAME AND ADDRESS OF SOMEONE WE CAN CONTACT IF WE HAVE DIFFICULTY CONTACTING YOU:

AME OF CONTACT PERSON: $\square$ Mr. $\square$ Mrs. $\square$ Ms. $\square$ Miss $\square$ Other			-	
DDRESS OF CONTACT PERSON:	City	State	Zip	
NOTE: The filing of this complaint does not create an attorney-cleany legal advice. The Board does not intervene in any on-going do, or not do, anything until a finding of misconduct is made. In prediction when a determination may be made on your compreserve your legal rights and remedies. You should pursue indeclegal matters. You may have limited time (statute of limitations) to the information given in this complaint is true to the best of my may be notified of my complaint.	legal matter. The Bo Due to our significa blaint. Filing a com ependent legal advic o file a legal malprac	pard cannot request of the caseload, we plaint with the see and counsel course tice lawsuit.	ire a lawyer to can make no Board will not oncerning your	
YOUR SIGNATURE:		Date:		
MAIL TO: Board of Professional Responsibility 10 Cadillac Drive Suite 220 Brentwood, TN 37027 FAX NO: 615-367-2480	Log:	FFICE USE OI / / Action:	NLY	