

**PROFESSIONALISM COMPLAINT FORM**

**PART ONE – Complainant Information:**

Your Name:

Organization:

Address:

City, State, Zip Code:

Telephone:

E-mail: Have you ever filed a complaint against a member of The Florida Bar: Yes No

If yes, how many complaints have you filed?

Does this complaint pertain to a matter currently in litigation? Yes No

**PART TWO – Attorney about whom the complaint is made:**

Attorney's Name:

Address:

City, State, Zip Code:

Telephone:

**PART THREE – Facts/Allegations:** The specific thing or things I am complaining about are:  
(attach additional sheets as necessary)

**PART FOUR** – Witnesses: The witnesses in support of my allegations are: [see attached sheet].

**PART FIVE** – Signature: Under penalties of perjury, I declare that the foregoing facts are true, correct and complete.

Print Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Please mail to:

Tenth Judicial Circuit Professionalism Panel Chair

P.O. Box 1499

Winter Haven, FL 33882