

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: The foregoing is true and correct to the best of my knowledge and belief

Print Name : _____

Signature: _____

Signature Date: _____

Mail to: Tenth Judicial Circuit Professionalism Panel Chair, P.O. Box 1499, Winter Haven, FL 33882