



Docket # \_\_\_\_\_  
For Office Use Only

## Complaint Before the Board of Professional Responsibility

Person filing this complaint:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Attorney you are filing this complaint against:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

If you have complaints regarding more than one attorney, please complete a separate form for each.

Please answer the following questions:

- Did or does this attorney represent you?  Yes  No
- If yes, when did you hire this attorney? \_\_\_\_\_
- If no, whom does this attorney represent? \_\_\_\_\_
- What type of legal work was/is involved? (Check more than one if appropriate.)
 

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Family Law/Divorce	<input type="checkbox"/> Criminal Law
<input type="checkbox"/> Corporate/Commercial	<input type="checkbox"/> Wills/Estates/Probate
<input type="checkbox"/> Other (please specify) _____	
- Is your complaint about an ongoing court case?  Yes  No  
Please give name of Court and Judge \_\_\_\_\_  
Docket No. \_\_\_\_\_
- What is the general nature of your complaint? (Check more than one if appropriate.)
 

<input type="checkbox"/> Delay or Lack of Diligence	<input type="checkbox"/> Not keeping you informed of progress on your case
<input type="checkbox"/> Failing to answer letters and telephone calls	<input type="checkbox"/> Giving bad advice or failing to complete work properly
<input type="checkbox"/> Refusing to return your files, papers	<input type="checkbox"/> Not following instructions
<input type="checkbox"/> Conflict of interest	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Improper handling of your money or property	
- Is the matter finished?  Yes  No  
(In either case, please provide supporting information on the next page.)
- Have you tried to discuss your complaint with your attorney?  Yes  No  
(In either case, please provide supporting information on the next page.)
- What do you hope to see happen as a result of your complaint? \_\_\_\_\_

State what the attorney did or failed to do which may be unethical. State all relevant FACTS including dates, times, places and names and addresses of important witnesses. Attach copies of important letters and documents. DO NOT send original documents as they cannot be returned.

#### INVESTIGATIVE CONFIDENTIALITY

Please understand that grievance investigations are confidential until and unless there is a public discipline. You should not discuss this grievance or any information you learn during this process with anyone who is not a party to this grievance.

PLEASE NOTE: A copy of this complaint and any attachments will be provided to the attorney against whom you are filing the complaint. **You must sign and date this complaint form.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Complainant \_\_\_\_\_.

Return this form to:  
Wyoming State Bar  
P.O. Box 109  
Cheyenne, WY 82003-0109  
Fax: (307) 632-3737