

BOARD OF PROFESSIONAL RESPONSIBILITY

SUPREME COURT OF TENNESSEE

10 Cadillac Dr Suite 220 Brentwood, TN 37027 complaints@tbpr.org

Complaint / Assistance Form

SALUTATION FIRST NAME	M.I.	LAST NAME		SUFFIX
STREET ADDRESS		CITY	STATE	ZIP
EMAIL	MOBILE PHO	NE	HOME PHONE	
F INCARCERATED, PROVIDE INMATE ID				
Alternate Contact		If Applicable, fill in this se	ction.	
SALUTATION FIRST NAME	M.I.	LAST NAME		SUFFIX
STREET ADDRESS		СІТУ	STATE	ZIP
EMAIL	MOBILE PHONE		RELATIONSHIP TO COMPLAINAN	
Attorney Information	Fill out a separate for	m for each Attorney — Do r	ot include name of la	aw firm.
ATTORNEY NAME			PHONE	
STREET ADDRESS		СІТУ	STATE	ZIP
I AM: □ A CLIENT □ FAMILY	OR FRIEND OF CLIENT	RNEY UDGE OTHER	DATE OF FIRST CONTACT	
FILING AGAINST: CURRENT ATTORNEY	☐ FORMER ATTORNEY ☐ OPP	OSING ATTORNEY JUDGE	DATE OF LAST CONTACT	
ATTORNEY IS: ☐ RETAINED\APPOINTED ☐ PROSECUTOR	ATTORNEY	R ☐ FEDERAL DEFENDER	DATE OF EAST CONTACT	
Case Information	If your complair	nt is related to a court case,	provide additional in	fo
CASE NUMBER CASE TYPE		COUNTY	IF FEDERAL CASE, SELECT FEDERAL DISTRICT	
	☐ CIVIL ☐ CRIMINAL			
CASE SUBJECT MATTER		!		
IF CRIMINAL CASE, LIST CHARGES				
STAGE OF CRIMINAL CASE				
	APPEAL DOST CONVICTION	☐ HABEAS CORPUS ☐ VI	OLATION OF PAROLE/PRO	BATION 🗆 OT

Concerns		
SCRIBE YOUR CONCERNS AND ATTACH SUPPORTING DOCUMENTS		
If more space is needed, attach extra pa	ages. Please do not write on the back of this form.	
NOTE: The filing of this complaint does no	ot create an attorney-client relationship and the	
	ne Board does not intervene in any on-going legal	
	r to do, or not do, anything until a finding of	
	th the Board will not preserve your legal rights and	
	t legal advice and counsel concerning your legal	
	te of limitations) to file a legal malpractice lawsuit.	
	true to the best of my knowledge and belief. I am	
aware that the lawyer may be notified of r		
Signature	 Date	
Signature	Date	