

If more space is needed, please attach other pages. Please do not write on back.

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

NAME OF CONTACT PERSON: Mr. Mrs. Ms. Miss Other _____

ADDRESS OF CONTACT PERSON: _____
City State Zip

NOTE: The filing of this complaint does not create an attorney-client relationship and the Board will not provide you any legal advice. The Board does not intervene in any on-going legal matter. The Board cannot require a lawyer to do, or not do, anything until a finding of misconduct is made. Due to our significant caseload, we can make no prediction when a determination may be made on your complaint. Filing a complaint with the Board will not preserve your legal rights and remedies. You should pursue independent legal advice and counsel concerning your legal matters. You may have limited time (statute of limitations) to file a legal malpractice lawsuit.

The information given in this complaint is true to the best of my knowledge and belief. I am aware that the lawyer may be notified of my complaint.

YOUR SIGNATURE: _____ Date: _____

MAIL TO: Board of Professional Responsibility
10 Cadillac Drive Suite 220
Brentwood, TN 37027
FAX NO: 615-367-2480

OFFICE USE ONLY

Log: / /
DC: Action:
Case Type: