

## **BOARD OF PROFESSIONAL RESPONSIBILITY**

## of the SUPREME COURT OF TENNESSEE

10 Cadillac Drive Suite 220
Brentwood, TN 37027
FAX No: 615-367-2480
EMAIL: complaints@tbpr.org

## **Complaint/Assistance Form**

Please check ONE of the followin	g:				
I would like to file a formal compla	int:   OR I woul	d rather file an informa	I request for ass	sistance:	
Your Name: Mr. □ Mrs. □ Ms. □ Mis	s 🗆				
Your Home Address:	Cit		State	Zip	
Email	Check box if incarcerated:  Inmate ID#:			•	
	Your Work Phone:Your Cell				
Your Employer:					
Your Work Address:	Cit		State	Zip	
Where do you prefer to receive correspond	onco? Homo addross [	Work Address	¬	·	
Lawyer's Name:	Lawyer's Phone:				
Lawyer's Address:	Cit	<u>,                                      </u>	State	Zip	
(Fill out a <u>separate form</u> for each la				•	
The above lawyer is: My attorney:Opp				•	
Date of first contact with Lawyer:					
Is your case: Criminal □ Civil □ Case#	·	County:			
If your case is in a Federal District, please	check one of the following o	listricts: Eastern □	Middle □	Western □	
Please check the case type:					
Bankruptcy Domestic (Family)	General Civil Perso	nal Injury Work	ers Comp	Estate	
Social Security Real Estate C	Other (please describe):				
Criminal (if this is a Criminal case, please li	st the charge[s]):				
Stage of the Criminal Case:					
Trial or Pre-Trial Direct Appeal	Post-Conviction	Post-Conviction Appe	al Habea	as Corpus	
Violation of Probation/Parole Other	·:				

EARLY DESCRIBE YOUR CONCERNS AND ATTACH SUPPO	ORTING DOCUMENTS:
NOTE: The filing of this complaint does not create an attorney-client relation Board does not intervene in any on-going legal matter. The Board cannot misconduct is made. Filing a complaint with the Board will not preserve you	onship and the Board will not provide you any legal advice. The t require a lawyer to do, or not do, anything until a finding of
egal advice and counsel concerning your legal matters. You may have limit	
The information given in this complaint is true to the best of my knowledge omplaint.	e and belief. I am aware that the lawyer may be notified of m
OUR SIGNATURE:	Date:
DRWARD TO: Board of Professional Responsibility	OFFICE USE ONLY
10 Cadillac Drive Suite 220 Brentwood, TN 37027	Log: / /
EAV NO. 615 267 2400	DC: Action:

**FAX NO:** 615-367-2480 EMAIL: <a href="mailto:complaints@tbpr.org">complaints@tbpr.org</a>