



OHIO STATE BAR ASSOCIATION
Unauthorized Practice of Law Committee
COMPLAINT FORM

YOUR NAME: Last First MI Phone No.

ADDRESS: Street City County State Zip Code

PERSON AGAINST WHOM COMPLAINT IS FILED:

NAME: Last First MI Phone No.

ADDRESS: City County State Zip Code

COMPLAINT FILED WITH OTHER AGENCIES:

Have you filed a complaint with any other agency or bar association about this same matter?

Yes No

If yes, name of that agency: Action taken by that agency: Approximate date of action taken:

COURT ACTION:

Does this complaint involve a case that is currently pending? Yes No

If yes, provide information concerning case name, number, and court in which pending.

Blank lines for court action details

WITNESSES:

List below the name, address and daytime telephone number of persons who can support your complaint and who have information about the facts.

Name Address Phone No. (daytime)

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Explain the facts of your complaint in chronological order, including dates. (Attach additional sheets, if you wish.) Attach COPIES of any correspondence and documents that support your complaint. Do not send us original papers!

**FACTS OF THE COMPLAINT**

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Rules of the Supreme Court of Ohio require that investigations be **CONFIDENTIAL** and you are asked to keep **CONFIDENTIAL** the fact that you are submitting this complaint. A copy of this complaint and any other documents submitted may be sent to the person complained about so that he/she may respond to your allegations.

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Signature

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Date

**\*MAIL SIGNED, COMPLETED FORM TO:**

**OHIO STATE BAR ASSOCIATION  
UNAUTHORIZED PRACTICE OF LAW COMMITTEE  
CONFIDENTIAL  
P O BOX 16562  
COLUMBUS OH 43216-6562**

**FOR FURTHER INFORMATION CALL: (614) 487-2050 OR 1-800-282-6556**

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