

**MINNESOTA
OFFICE OF LAWYERS PROFESSIONAL RESPONSIBILITY
COMPLAINT FORM**

Complaints cannot be filed against a firm, you must name an individual lawyer. If you have complaints regarding more than one lawyer, please complete a separate form for each.

Fields denoted by * are required.

Your Name, Address and Phone Numbers

Mr. Mrs. Miss Ms.

***First**

Middle:

***Last:**

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***Address 1**

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Address 2

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***City:**

***State:**

***Zip Code:**

--	--	--

Phone Numbers:

Home:

Work:

Cell:

--	--	--

Lawyer's Name, Address and Phone Number

***First**

Middle:

***Last:**

--	--	--

***Address 1**

--

Address 2

--

***City:**

***State:**

Zip Code

--	--	--

Phone Numbers:

Office:

Cell:

--	--

I am the: (check one)

Client

Former Client

Opposing Party

Opposing Attorney

Creditor

Other

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If you are a client or former client, give the approximate date you hired the lawyer, and the nature of your legal case.

If you are someone other than the client, please state your connection to the lawyer.

***Complaint:** Please state what the lawyer did or failed to do that you feel is unethical. Please also attach copies of any documents that would help explain or support your complaint. If you need more pages, please attach them.

Are you submitting documents with this complaint?

- No
- Yes

***Dated:** _____ **Signature:** _____

MAIL TO:

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TTY USERS CALL MN RELAY SERVICE TOLL FREE 1-800-627-3529

If you have a disability and anticipate needing an accommodation, please contact Susan Humiston at lprada@courts.state.mn.us or at 651-296-3952. All requests for accommodation will be given due consideration and may require an interactive process between the requestor and the Office of Lawyers Professional Responsibility to determine the best course of action. If you believe you have been excluded from participating in, or denied benefits of, any Office of Lawyers Professional Responsibility services because of a disability, please visit www.mncourts.gov/ADAaccommodation.aspx for information on how to submit an ADA Grievance form.