MEMORANDUM OF COMPLAINT

Your Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐Miss ☐Other_____

Your Home Address: _____
City **State** **Zip**

Email_____ Check box, if incarcerated: ☐ Inmate ID#: _____

Your Home Phone: _____ Your Cell Phone:_____ Your Work Phone: _____

Your Employer: _____

Your Work Address: _____
City **State** **Zip**

How do you prefer to receive correspondence? ☐Home address ☐Work Address

Name of Lawyer_____Lawyer Phone_____

Address of Lawyer: _____
City **State** **Zip**

The above lawyer is: ☐My attorney ☐ Opposing attorney ☐Other,
Explain_____

DESCRIBE YOUR COMPLAINT IN DETAIL. State exactly what the **lawyer** has done, or failed to do, which you believe is unethical. Use the back of this page or attach other pages if needed.

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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
1101 Kermit Drive, Suite 730
Nashville, TN 37217

FAX NO: 615-367-2480