

Complaint Form VIRGINIA STATE BAR



Email to **webintake@vsb.org** or mail to

VIRGINIA STATE BAR INTAKE OFFICE

1111 East Main Street, Suite 700 Richmond, Virginia 23219-0026 (804) 775-0570 NOTE: Send in this form if you have concerns about a lawyer's conduct. Your complaint might result in discipline to the lawyer. If you are seeking other remedies against the lawyer, you may need to seek legal advice from a lawyer in private practice. Also, the VSB may require your further involvement in an investigation by asking you to be interviewed by a VSB investigator and/or to participate at a hearing.

Please DO NOT send original documents to the Virginia State Bar. Preserve all original documents until your complaint has been resolved. In addition, please redact personally identifying information such as Social Security numbers, date of birth, driver's license numbers, etc. All documents will be destroyed in keeping with the VSB's records and destruction policies.

YOUR NAME:	_ Mr Mrs Ms.		
	first middle in	itial	last
YOUR ADDRESS:	street		Daytime Telephone No.: (required) ☐ home () ☐ work ()
	city state email (required)	zip code	Other Telephone No. and times you can be reached: () ()
LAWYER'S NAME:	first middle i	nitial	last
LAWYER'S ADDRESS:	lawyer's law firm, if known		Lawyer's Telephone No.:
	street address or P.O. Box		
	city st	tate zip code	
LAWYER'S ACT	ONS COMPLAINED OF:		
	(Continue on the back or a separate page if you need more space. Also, attach copies of any documents that help explain your complaint.)		
YOUR	I certify that all information on this complaint form is true and correct. I understand that the content of my complaint can be disclosed to the lawyer.		
SIGNATURE:			DATE:

L	AWYER'S ACTIONS COMPLAINED OF (continued)		
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	ist the names, addresses, and phone numbers of persons who might be able to give additional about your complaint:	informatio	on
F	PLEASE ANSWER THE FOLLOWING QUESTIONS:		
1.	Have you or a member of your family contacted us about this lawyer before? If yes, please state when you made the complaint and the outcome of that complaint.	☐ yes	☐ no
2.	Have you filed a complaint or legal action about this matter anywhere else? If yes, state where and the outcome.	☐ yes	☐ no
3.	Describe your relationship to the lawyer who is the subject of your complaint by choosing from the following: I am the lawyer's client I am the lawyer's former client I am a relative or friend of the lawyer's client I am an opposing party I am an opposing lawyer Other If Other, please explain:		
4.	What is the nature of your legal case? When was the lawyer employed or appointed to represent you? How much mone lawyer paid to represent you?	y, if any, wa	as the
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5.	Is your concern only that you think the lawyer charged you too much? If yes, you should contact the VSB at (804) 775-9423 for information on fee dispute resolution.	☐ yes	☐ no
6.	Have you read the brochure describing the VSB's attorney disciplinary process?	☐ yes	☐ no

LAWYER'S ACTIONS COMPLAINED OF (continued)