



State of Rhode Island Judiciary

The Disciplinary Board of the Supreme Court of Rhode Island

Complaint Form

This Complaint form **must** be signed and submitted by mail or facsimile to:

Office of Chief Disciplinary Counsel
Philip W. Noel Judicial Complex
222 Quaker Lane – Room #1083
Warwick, RI 02886
Telephone (401) 823-5710
Facsimile (401) 822-6071

Your Information

Name: _____
 First Middle Initial Last

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Primary Telephone: _____ Secondary Telephone (optional): _____

Attorney Information

Name: _____
 First Middle Initial Last

Address: _____

City: _____ State: _____ Zip Code: _____

Did you hire this attorney? Yes No

If Yes, approximate date of hire: _____

If No, what is your connection to the attorney? _____

If your complaint relates to a court case or other proceedings, please provide the following:

Name of the court or agency: _____

Name of the case: _____

Case number: _____

Statement of Complaint

Please explain your complaint. Include important dates, names of witnesses, and others involved. Use additional pages if necessary. Attach **copies** of documents that support your complaint.

Signature: _____ Date: _____