

## **State of Rhode Island Judiciary**

## The Disciplinary Board of the Supreme Court of Rhode Island

## **Complaint**

This 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:          |                      |           |  |
|                             | 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 <b>copies</b> of documents the support your complaint. |  |
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| Signature: Date:  |  |