

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

Date

Return Form to: Chief Disciplinary Counsel
Philip W. Noel Judicial Complex
222 Quaker Lane - Room 1083
Warwick, Rhode Island 02886
(401) 823-5710
(401) 822-6071 (Fax)

Please Print or Type:

(First)

(Middle Initial)

(Last)

(Mailing Address - Street or Post Office)

(City/Town)

(County) (State)

(Zip Code)

Telephone Number(s) Business: _____ Home Phone: _____

Attorney against whom you wish to file a complaint:

(Name)

(Mailing Address)

Did you employ the attorney: Yes No

If yes, give the approximate date of employment: _____

If no, what is your connection with the attorney?

Nature of Complaint. (a) Provide a detailed description(dates, names, etc.) of the attorney's conduct. (b) Attach additional pages as necessary. (c) Please provide a copy of any document(s) that you refer to in your complaint. (d) Please ***sign*** your complaint.

If your complaint is about a law suit, please furnish the following information, if available:

Title of Suit: _____

Suit Number: _____ Date Suit Filed (approximate) _____

Name of Court: _____

(Signature)