

Attachment 2

INDIVIDUAL REPORTING FORM FOR
LOCAL CIRCUIT PROFESSIONALISM PANEL

Individual Completing Form: _____ Date: _____

Address: _____

Email: _____ Phone: _____

Name of Person Who Filed Complaint: _____

Client... Member of public ___ Lawyer ___ Judge TFB# _____

Address: _____

Email: _____ Phone: _____

Name of Attorney Complaint Filed Against: _____

TFB#: _____ Email: _____

Phone: _____

Address: _____

Date Complaint Filed: _____ Date of Incident: _____

Nature of Incident:

__ Appearance of impropriety Names and address of Panel Participants
Involved: _____

__ Unprofessional conduct _____

__ Uncivil, unruly

__ Rude, discourteous, disruptive, disrespectful

__ Offensive personality

Abusive

___ Honesty, integrity, candor

___ Bullying or badgering

___ Unfair play, dilatory tactics

___ Disorganized or unprepared

___ Used profanity/obscene gestures

Other: _____

Final Resolution: No action COUNSELED Refer TFB Other _____

Recommended: ___ COUNSELED ___ ATTEND CLE ___ Referral (where) _____

___ Apology issued

___ Mentoring Suggested Other (Please describe) _____

Comments:

Chief Judge Signature: _____ Circuit Number: _____