

Attachment 1

FIRST CIRCUIT LAWYER PROFESSIONALISM PANELS

FORM FOR REPORTING A COMPLAINT

IMPORTANT INSTRUCTIONS YOU MUST READ PRIOR TO FILLING OUT THE INQUIRY/COMPLAINT FORM

Please read all instructions carefully before completing the inquiry/complaint form. **If the form is not properly completed it may be returned for correction.** You may submit up to 25 pages including the inquiry/complaint form. **PLEASE NOTE:** The First Circuit Lawyer professionalism Panel cannot intervene on your behalf in a civil or criminal case, nor can we give you legal advice. We do not have jurisdiction to consider complaints against judges and elected officials. The goal of the investigation of the complaint is to achieve a mutually agreeable resolution of the situation. If this cannot be accomplished, our professionalism Panels consider whether an attorney has violated our rules of conduct and determines whether, under the totality of the circumstances, the attorney should receive some type of counseling or other remedy by issuing a report and recommendation. The level of investigation varies depending on the complexity of the allegations.

PART ONE – Complainant Information. You must give your name, address and phone number. If you have an email address, please provide that information as well. If you have previously filed a complaint with The Florida Bar against a member of The Florida Bar, please indicate how many complaints you have filed. If your inquiry/complaint pertains to a matter currently in litigation, please indicate that in the space provided.

PART TWO – Attorney Information. You must give the name, address and phone number of the subject attorney. The address of the attorney is particularly important as many lawyers have the same or similar names. List only **one** attorney per form (you may copy this form if you need additional copies). The Lawyer Professionalism Panels processes inquiry/complaint forms only against individual attorneys, not against law firms.

PART THREE – Facts/Allegations. Describe each thing about which you are complaining. Recite all of the details, in chronological order, supplying dates where possible. Please number any additional pages you attach. If you have letters, documents or other evidence, you should attach photocopies (**DO NOT SEND ORIGINAL DOCUMENTS**). It is helpful if you mark your attachments as exhibits (A, B, C, etc.), and refer to them in your description of your complaint. **Please be aware that simply alleging conclusions without setting out facts that support those conclusions will result in the need for the Panel to ask you for additional information and may delay a disposition of your complaint.**

PART FOUR – Witnesses. Your inquiry/complaint will be considered even if there are no witnesses. If, however, you have witnesses, attach an additional sheet, listing nothing but witnesses, with the name, address and telephone number for each witness, and include a brief description of the facts about which that witness would testify. If you do not attach a list of witnesses, we will presume that you have no witnesses, other than the attorney and yourself.

PART FIVE – Signature. You must sign the form and certify under penalty of perjury that your allegations are true. Unsworn complaints are not considered. Submit the original inquiry/complaint form to the office of the Administrator of the First Circuit in a sealed envelope with the notation “**CONFIDENTIAL DOCUMENT FOR THE CIRCUIT PROFESSIONALISM PANEL**” on the outside of the envelope via U.S. Mail. If the complaint concerns a lawyer in Okaloosa or Walton Counties, also indicate: “**LPP-EAST.**” If the complaint concerns a lawyer in Escambia or Santa Rosa Counties, also indicate: “**LPP-WEST.**” Photocopies of your signature are not accepted.

1. **Please limit your submission to no more than 25 pages including exhibits.** If you have additional documents available, please make reference to them in your written submission as available upon request. Should the Panel need to obtain copies of any such documents, a subsequent request will be sent to you.

2. **Please do not bind, or index your documents.** You may underline but do not highlight documents under any circumstances.

3. **Please refrain from attaching media such as audio tapes or CDs, oversized documents, or photographs.**

4. **Please do not submit your original documents.** All documents will be discarded after any inquiry is closed. The only original document that should be provided is the inquiry/complaint form.

5. **Please do not submit confidential or privileged information.** Documents submitted to the Panel may become public record. Confidential/privileged information should be redacted. Such information

includes, but is not limited to, bank account numbers, social security numbers, credit card account numbers, medical records, dependency matters, termination of parental rights, guardian ad litem records, child abuse records, adoption records, documents containing names of minor children, original birth and death certificates, Baker Act records, grand jury records, and juvenile delinquency records. If information of this nature is important to your submission, please describe the nature of the information and indicate that it is available upon request. The Panel will contact you to make appropriate arrangements for the protection of any such information that is required as part of the investigation of the complaint.

Please be aware that materials received that do not meet these guidelines may be returned. Thank you for your consideration in this respect.

Inquiry/Complaint Form

PART ONE – Complainant Information:

Your Name:

Organization:

Address:

City, State, Zip Code:

Telephone:

E-mail:

Have you ever filed a complaint against a member of The Florida Bar: Yes No

If yes, how many complaints have you filed?

Does this complaint pertain to a matter currently in litigation? Yes No

PART TWO – Attorney Information:

Attorney's Name:

Address:

City, State, Zip Code:

Telephone:

**PART THREE – Facts/Allegations: The specific thing or things I am complaining about are:
(attach additional sheets as necessary)**

PART FOUR – Witnesses: The witnesses in support of my allegations are: [see attached sheet].

PART FIVE – Signature:

Under penalties of perjury, I declare that the foregoing facts are true, correct and complete.

Print Name

Signature

Date