



## INDIANA SUPREME COURT DISCIPLINARY COMMISSION

# Complaint Against a Lawyer

Send completed forms to 251 N. Illinois Street, Ste. 500 Indianapolis, Indiana 46204

## Complainant's Information

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FULL NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

MOBILE PHONE

ALT PHONE

EMAIL

## Lawyer's Information

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FULL NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

PHONE

EMAIL

## Case Information

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CASE NUMBER

DATE HIRED

REASON FOR HIRING

AGREED ATTORNEY FEES

TOTAL FEES PAID

## Acknowledgment, Certification & Signature

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### ACKNOWLEDGMENT

- I understand that the Indiana Supreme Court Disciplinary Commission does not have authority to intervene in any proceeding or to change any decision reached by a court. In filing this complaint, I agree to cooperate with the Commission and its agents and to testify, if asked, concerning the matters raised in my complaint. I understand that the attorney will receive a copy of my complaint and that Indiana Supreme Court Admission and Discipline Rule 23, Section 25, provides that I am immune from civil suit against me based on the content of my allegations of attorney misconduct to the extent those allegations are made to the Commission or in the course of the Commission's investigation or hearing procedures under Ind. Admission and Discipline Rule 23.

### CERTIFICATION & SIGNATURE

- I affirm, under penalties of perjury, that the information I provided above is true.

SIGNATURE /S/

DATE

## Nature of complaint

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*Please state in full detail the basis of your complaint against the attorney. If necessary, use additional paper, or any other form as long as the information is complete, and the complaint is sworn to be true. Keep a copy of the complaint and any attachments for your personal records, as staff will not be able to provide you with any copies later*