



The State Bar of California

845 South Figueroa Street, Los Angeles, CA 90017

OFFICE OF CHIEF TRIAL COUNSEL

800-843-9053
Fax: 213-765-1168

Attorney Misconduct Complaint Form

Your Information

Title:		
First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	Zip Code:
Email:		
Home Phone:	Work Phone:	Cell Phone:

If you prefer to communicate by email, please provide an email address. Complaints are confidential unless charges are filed. So that we may promptly communicate with you, please provide an email address to which you have exclusive access is not share with others.

Attorney's Information

First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	Zip Code:
Email:	CA Bar License #:	
Primary Phone:	Other Phone:	
Cell Phone:	Website:	

Complaint Information

To better achieve the State Bar's mission to protect the public, please answer the following questions:

Have you or a member of your family complained to the State Bar about this attorney previously?

☐ Yes ☐ No

Did you hire this attorney?

☐ Yes ☐ No

Does this complaint involve allegations of theft?

☐

Yes

☐

No

Does this complaint involve allegations of attorney misconduct where a person 65 years of age or older was victimized?

☐

Yes

☐

No

Does this complaint involve allegations of attorney misconduct where a person who is incapacitated, infirm, disabled, incarcerated, an immigrant, or a minor was victimized?

☐

Yes

☐

No

Does this complaint involve allegations that the attorney has abandoned a client?

☐

Yes

☐

No

Are you an attorney?

☐

Yes

☐

No

If you are an attorney:

Does this complaint involve allegations against an opposing counsel?

☐

Yes

☐

No

Are you filing this complaint based on your duty to report professional misconduct under Rule of Professional Conduct 8.3?

☐

Yes

☐

No

Statement of Complaint

Include with your submission a statement of what the attorney did or did not do that is the basis of your complaint. Please state the facts as you understand them. Do not include opinions or arguments. If you hired the attorney(s), state what you hired the attorney(s) to do. Additional information may be requested.

Related Court Case Information (If known)**Name of Court:****Case Name:****Case Number:****Approx. date case was filed:****Size of law firm complained about:****If you are not a party to this case, what is your connection with it? Explain briefly.****Translation Information**☐ **Not Applicable**

The State Bar accepts complaints in over 200 languages. If you need translation services to communicate with the State Bar, please let us know by completing this section of the complaint form. We will communicate with you through a translation service in the language of your choice. Do you need translation services?

☐ **Yes**☐ **No****Please state the language in which you need formal translation:**

The State Bar's mission is to protect complainants regardless of their immigration status. Complainants who are unable to complete this form due to disability, language restrictions, or other circumstances may obtain help by calling the complaint line at 800-843-9053.

Submission

☐ **By checking this box I certify that all information on this form is true and correct. I understand that the content of my complaint can be disclosed to the attorney. I understand that I waive the attorney client privilege and any other applicable privilege between myself and the attorney to the extent necessary for the investigation and prosecution of the allegations.**

Signature:**Date:**