The Florida Bar
Inquiry/Complaint Form

Please carefully review this inquiry/complaint form once you have included all information. Note that there is a requirement for you to execute the oath at the end of this form. False statements made in bad faith or with malice may subject you to civil or criminal liability. Further information may be found in the pamphlet "Complaint Against A Florida Lawyer."

Your Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ Zip Code: _____

Social Security #: _____

What is the name and address of the attorney that is the subject of this inquiry/complaint?

Attorney's Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ Zip Code: _____

DESCRIBE YOUR COMPLAINT, PROVIDE DATES AND FACTS OF ALLEGED MISCONDUCT
(Use a separate sheet if necessary. **Do not write on the back of this form!** Must be typewritten or clearly printed.)

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

_____
Signature

_____
Date

RETURN TO THE FLORIDA BAR
DEPARTMENT OF LAWYER REGULATION

❑ Tampa Airport Marriott
Suite C-49
Tampa, FL 33607

❑ 1200 Edgewater Dr.
Orlando, FL
32804-6314

❑ Cypress Financial Ctr.
5900 N. Andrews Ave.
Suite 835
Ft. Lauderdale, FL
33309

❑ Rivergate Plaza
Suite M-100
444 Brickell Ave.
Miami, FL 33131

❑ Tallahassee Branch
650 Apalachee Pkwy.
Tallahassee, FL
32399-2300

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