

Attorney's Name: _____

Firm's Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ FAX: _____

E-mail address: _____

Is there currently any action pending as a result of the circumstances surrounding this complaint? Yes _____ No _____

If yes, please describe:

Would you be willing to testify in an administrative proceeding held before the Board if deemed necessary? Yes _____ No _____

I solemnly swear or affirm that the statements made herein and on any attachments hereto are accurate, complete, and true to the best of my knowledge and belief.

Signature of Person Filing Complaint

Date

Printed Name