

COMPLAINT

Office of Professional Conduct
645 South 200 East
Salt Lake City, Utah 84111
(801)531-9110

PLEASE PRINT

Your Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Lawyer or LPP's Name: _____

Law Firm: _____

Address: _____

Telephone Number: _____

Does this lawyer or LPP represent you? YES NO

If not, please explain your relationship to this lawyer or LPP: _____

Have you talked with the lawyer or LPP about the subject of this complaint? YES NO

Please give a detailed statement of facts, including dates and places, explaining why you are complaining against this lawyer or LPP: (Please use additional sheets if the provided space is insufficient.)

Have you contacted the Office of Professional Conduct about this lawyer or LPP before? YES NO

If yes, please explain when and why: _____

Signature: _____ Date: _____

Pursuant to the Rules of Discipline, Disability and Sanctions, updated and effective December 15, 2020, all complaints submitted to the Office of Professional Conduct now require an unsworn declaration as to the accuracy of the information in the complaint. By checking this box I declare the foregoing information is accurate, and agree that this acknowledgement constitutes my signature.