

SUPREME COURT, APPELLATE DIVISION  
FIRST JUDICIAL DEPARTMENT  
DEPARTMENTAL DISCIPLINARY COMMITTEE  
61 BROADWAY, 2<sup>ND</sup> FLOOR  
NEW YORK, NEW YORK 10006

212/401-0800

Alan W. Friedberg  
Chief Counsel

DATE: \_\_\_\_\_

Complainant(s):

Mr. ( ) Ms. ( ) Mrs. ( ) \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City State Zip Code

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Attorney Complained of:

Mr. ( ) Ms. ( ) Mrs. ( ) \_\_\_\_\_  
Last First Initial

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City State Zip Code

Telephone: \_\_\_\_\_

\*\*\*\*\*  
Complaints to other agencies:

Have you filed a complaint concerning this matter with another Bar Association, District Attorney's Office or any other agency:

If so, name of agency: \_\_\_\_\_

Action taken by agency: \_\_\_\_\_

\*\*\*\*\*  
Court action against attorney complained of:

Have you brought a civil or criminal action against this attorney?

If so, name of court: \_\_\_\_\_ Index No. \_\_\_\_\_

Statute: \_\_\_\_\_

\*\*\*\*\*  
Details of Complaint PLEASE PRINT LEGIBLY OR TYPE IN ENGLISH

Start from the beginning and be sure to tell why you went to the attorney, when you had contact with the attorney, what happened each time you contacted the attorney and what it was that the attorney did wrong. Please send this office copies of all papers that you received from the attorney with this form.





Blank lined paper with horizontal ruling lines and a vertical margin line.

Unsigned complaints will not be processed.