



Office of Disciplinary Counsel

# Complaint Form

[ODC form 1H (02/21/2024)]

*If you need more space, please attach additional pages. Please only provide copies – originals will not be returned.*

<b>ODC use only</b>
Date Rcvd: _____
Case No. _____
Clerk: _____

**Date of this complaint:**

**Your Name:**

**Your Mailing Address:**

City:

State:

Zip Code:

**Your telephone numbers:**

preferred:

alternate:

**Your Email Address:**

**Who are you complaining against? (up to two attorneys if all in the same firm.)**

*Attorney 1*

*Attorney 2*

*Attorney Name:*

*Law Firm Name*

*Address:*

*Tele. No.:*

*NOTE: If the attorneys work in separate firms, you must file separate complaints.*

*(optional) Size of the law firm complained about:*

1 attorney

2-10 attorneys

11+ attorneys

Government Agency

Unknown

**Have you or a member of your family complained about the attorney(s) previously?**

Yes [approximate date of prior complaint: \_\_\_\_\_ ]

No

**Did you employ the attorney(s)?**

Yes [date of hire: \_\_\_\_\_, amount paid: \$ \_\_\_\_\_ ]

No [briefly explain your connection with this attorney(s): \_\_\_\_\_ ]

**If your complaint is about a legal proceeding, provide:**

Title of the case:

Name of court or agency:

Case number:

Approx. date filed:

Your role in the suit:

[e.g., Plaintiff, Defendant, other]

**What did you hire or want the attorney to do?**

**Your complaint against this attorney:** State **what the attorney did or failed to do** which is the basis of your complaint. State the facts as you understand them; opinions unsupported by facts or legal arguments are not helpful. If you require more space, add additional sheets together with any supporting evidence or documents and submit all with this complaint form; our evaluation will be based on this initial submission. ***Do not send original documents! Documents will not be returned!***

**Identify any witness (provide name and contact info.) who might back up your complaint:**

Witness 1: name:

Address:

Telephone:

e-mail:

Witness 2: name:

Address:

Telephone:

e-mail:

Witness 3: name:

Address:

Telephone:

e-mail:

Your signature: \_\_\_\_\_ (sign in ink - must be signed).

Date signed: \_\_\_\_\_

Mail to: Office of Disciplinary Counsel, Complaint Processing Dept., 201 Merchant St., Ste. 1600, Honolulu, Hawaii 96813