



Office of Disciplinary Counsel

**Complaint Form**

[ODC form 1H (04/14/2025)]

*Complaint must be mailed or hand delivered.*

Electronic submissions will not be accepted.

*\*Mandatory fields*

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

**1) Contact Information**

\*Date of this Complaint:

\*Your Name:

\*Your Mailing Address:

\*City:

\*State:

\*Zip Code:

\*Your Telephone Numbers:

\*Preferred:

Alternate:

\*Your Email Address:

**2) Attorney(s) Contact Information**

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

*Note<sup>1</sup>: If attorneys are not in the same firm, you must file separate complaints or the complaints will not be processed.*

*Note<sup>2</sup>: If you are unsure if they are part of the same firm, you may use the HSBA.org member directory to verify.*

*Note<sup>3</sup>: Attorney name(s) required. No law firms or entities.*

Attorney 1

Attorney 2

\*Attorney Name:

HSBA Bar No. :

Law Firm Name:

Address:

Telephone No. :

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

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

No

**4) \*Did you employ the attorney(s)**

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

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

**5) If your complaint involves a legal proceeding, provide:**

Title of the case:

Name of court or agency:

Case number:

Approx. date filed:

Your role in the suit:

6) **\*Why did you hire or want the attorney to do?**

7) **\*Your complaint against this attorney(s):** State what the attorney did or did not 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.

**Note<sup>1</sup>: If space is insufficient, 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.**

**Note<sup>2</sup>: Do not send original documents! Documents will not be returned.**

\*Your signature: \_\_\_\_\_ (blue or black ink only - **signature required**)

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

Mail or Hand Deliver to:  
Office of Disciplinary Counsel  
201 Merchant Street Suite 1600  
Honolulu, Hawai'i 96813