



# Complaint Form

## VIRGINIA STATE BAR



Email to [webintake@vsb.org](mailto:webintake@vsb.org)  
or mail to  
**VIRGINIA STATE BAR**  
**INTAKE OFFICE**  
1111 East Main Street, Suite 700  
Richmond, Virginia 23219-0026  
(804) 775-0570

NOTE: Send in this form if you have concerns about a lawyer's conduct. Your complaint might result in discipline to the lawyer. If you are seeking other remedies against the lawyer, you may need to seek legal advice from a lawyer in private practice. Also, the bar may require your further involvement in an investigation by asking you to be interviewed by a bar investigator and/or to participate at a hearing.  
**Please DO NOT send original documents to the Virginia State Bar.** Preserve all original documents until your complaint has been resolved. In addition, please redact personally identifying information such as Social Security numbers, date of birth, driver's license numbers, etc. All documents will be destroyed in keeping with the bar's records and destruction policies.

**YOUR NAME:**

\_ Mr. \_ Mrs. \_ Ms.

\_\_\_\_\_

*first*

*initial*

*last*

**YOUR ADDRESS:**

\_\_\_\_\_

*street*

\_\_\_\_\_

*city*

*state*

*zip code*

\_\_\_\_\_

*email (required)*

Daytime Telephone No.: (required)

home ( ) \_\_\_\_\_

work ( ) \_\_\_\_\_

Other Telephone No. and times you can be reached:

( ) \_\_\_\_\_

( ) \_\_\_\_\_

**LAWYER'S NAME:**

\_\_\_\_\_

*first*

*initial*

*last*

**LAWYER'S ADDRESS:**

\_\_\_\_\_

*lawyer's law firm, if known*

\_\_\_\_\_

*street address or P.O. Box*

\_\_\_\_\_

*city*

*state*

*zip code*

Lawyer's Telephone No.:

( ) \_\_\_\_\_

**LAWYER'S ACTIONS COMPLAINED OF:**

*(Continue on the back or a separate page if you need more space. Also, attach copies of any documents that help explain your complaint.)*

I certify that all information on this complaint form is true and correct. I understand that the content of my complaint can be disclosed to the lawyer.

**YOUR SIGNATURE:**

\_\_\_\_\_

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

**FORM MUST BE SIGNED AND DATED**

Turn this form over for more information we need from you to analyze your complaint. 

**LAWYER'S ACTIONS COMPLAINED OF (continued)**

**List the names, addresses, and phone numbers of persons who might be able to give additional information about your complaint:**

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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Have you or a member of your family contacted us about this lawyer before?  yes  no  
If yes, please state when you made the complaint and the outcome of that complaint.

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2. Have you filed a complaint or legal action about this matter anywhere else?  yes  no  
If yes, state where and the outcome.

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3. Describe your relationship to the lawyer who is the subject of your complaint by choosing from the following:

- I am the lawyer's client
- I am the lawyer's former client
- I am a relative or friend of the lawyer's client
- I am an opposing party
- I am an opposing lawyer
- Other

If Other, please explain:

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4. What is the nature of your legal case? When was the lawyer employed or appointed to represent you? How much money, if any, was the lawyer paid to represent you?

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5. Is your concern only that you think the lawyer charged you too much?  yes  no  
If yes, you should contact the bar at (804) 775-9423 for information on fee dispute resolution.

6. Have you read the brochure describing the bar's attorney disciplinary process?  yes  no

**LAWYER'S ACTIONS COMPLAINED OF (*continued*)**