§ 12.43 Complaint Form: Attorney Discipline

OFFICE OF THE DISCIPLINARY ADMINISTRATOR
701 SW Jackson Street, First Floor
Topeka, Kansas 66603-3729
Telephone: (785) 435-8260
Fax: (785) 763-8385

COMPLAINT FORM

Requirements. A complaint must be in writing, contain the complainant’s name and address, and be signed by the complainant. Each complaint must be against only one attorney. If you wish to file a complaint against more than one attorney, fully complete separate complaint forms for each attorney. Each applicable question must be completed in detail.

Fee Disputes. Please be advised that we do not settle fee disputes. Currently, there are two fee dispute committees which assist attorneys and clients in resolving fee disputes which arise only in their respective locations. There is no state-wide fee dispute committee.

- Sedgwick County Fee Dispute Committee (316) 263-2251 (Sedgwick Co. only)
- Topeka Bar Association Fee Dispute Committee (785) 233-3945 (Shawnee Co. only)

Procedure. After the materials are received by the Office of the Disciplinary Administrator, an attorney will be assigned to review the documents and supervise the investigation of the complaint. You will be kept informed when action occurs regarding your complaint.

1. Who is filing the complaint?
   Your Full Name: _______________________________________________________
   Your Address: _______________________________________________________
   City, State, Zip: _____________________________________________________
   Home Phone: ___________________ Cell Phone: _______________________
   Work Phone: ___________________ Fax No.: _______________________
   E-mail: ______________________

2. Who are you complaining about?
   Attorney’s Full Name: ___________________________________________________
   Attorney’s Address: ___________________________________________________
   City, State, Zip: _____________________________________________________
   Work Phone: ___________________ Cell Phone: _______________________
   E-mail: ______________________

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3. Did you hire the attorney (or did someone hire the attorney on your behalf)?
   Yes ________  No ________
   a. If no, explain your connection with the attorney.

5. What was the attorney to do?

6. When did you first meet with the attorney? ____________________________

7. Did you (or someone on your behalf) enter an agreement with the attorney regarding the attorney's fee?
   Yes ________  No ________
   a. If yes, please attach a copy of the fee agreement or engagement letter as well as a copy of all receipts, cancelled checks, and other proof of payment to the attorney.
   b. If no, what was your understanding of what you were to pay the attorney?

8. How much did you (or someone on your behalf) pay the attorney in total for attorney fees, expenses, and courts costs? ________________

9. If someone else hired the attorney or paid the attorney on your behalf, please provide:
   Full Name: ________________________________
   Address, City, State, Zip: ________________________________
   Phone: ________________________________
   E-mail: ________________________________
10. When was the last time you met with or heard from the attorney?

__________________________________________________________________________

11. Does your complaint involve a civil or criminal case? Yes _______ No _______

If no, what does your complaint involve? ___________________________________________

__________________________________________________________________________

a. If yes, provide the following information:

i) The name of the court. For example: the District Court of Shawnee County, Kansas or the Municipal Court of Topeka, Kansas

__________________________________________________________________________

ii) The title of the case. For example: Jane Smith v. John Doe or State v. John Doe

__________________________________________________________________________

iii) Case number _____________________________________________________________

iv) Approximately when the case was filed _______________________________________

v) What court settings have happened so far in the case? For example: initial appearance, pretrial, documents filed with the court etc.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

vi) If you are not a party to the lawsuit or the defendant in the criminal case, explain your connection with it. ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

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12. Did you hire a new attorney to replace the attorney against whom this complaint is made?
   Yes _________ No _________
   If yes, please provide:
   New Attorney’s Name: ________________________________
   Address: _________________________________________
   City, State, Zip: ____________________________________
   Phone: ____________________________________________
   E-mail Address: ____________________________________

13. List persons who have personal knowledge and information/facts relevant to your complaint and provide a brief description of what you think they would say.
   Full Name: _________________________________________
   Address: __________________________________________
   Phone: ____________________________________________
   E-mail: ____________________________________________
   What would they say:________________________________
   __________________________________________________
   __________________________________________________
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   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________
   Full Name: _________________________________________
   Address: __________________________________________
   Phone: ____________________________________________
   E-mail: ____________________________________________
   What would they say:________________________________
   __________________________________________________
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   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
Full Name: ____________________________________________

Address: ____________________________________________

Phone: ______________________________________________

E-mail: ______________________________________________

What would they say: __________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


14. What is your complaint with this attorney?

Please describe the attorney’s misconduct by providing a detailed factual statement. If you believe that the attorney engaged in misconduct in more than one way, please describe all the misconduct. State the facts as you understand them.

Our authority is limited to investigating and prosecuting violations of the Kansas Rules of Professional Conduct. Thus, please detail only the facts that establish the attorney’s misconduct. Do not include opinions, arguments, or broad general statements of wrongdoing.

If you decide to attach a document relevant to your complaint, please reference and cite the relevant portion of the document in your response. Be sure and identify the portion of the document that is relevant and describe how the document is relevant to your complaint of misconduct. (For example: “this is the quoted part from the document,” found on page 2, paragraph 3 of the document I have attached as Exhibit A.)

It may not be necessary to attach the entire document. Please do not attach documents that are not referenced in this section. As noted, it is critically important to state facts. If your complaint fails to state sufficient facts concerning a rules violation your complaint may be dismissed without further investigation.

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________________________________________________________________________
If you need additional space to complete your factual statement, feel free to add additional pages after this page. Please retain all original documents and a copy of what you submit to this office. We cannot return documents submitted to this office. Additional information from you may be requested later.

Please review the information you included in the complaint form, if the information is true and correct, date, sign, and send the complaint form and attachments to:

Office of the Disciplinary Administrator
701 Southwest Jackson, First Floor
Topeka, Kansas 66603

The information provided in this complaint is true and correct to the best of my knowledge and belief.

Date ___________________ Complainant’s Signature ____________________________

-6- Form Amended 02/23/2022