



OFFICE OF DISCIPLINARY COUNSEL
THE BOARD ON PROFESSIONAL RESPONSIBILITY
DISTRICT OF COLUMBIA COURT OF APPEALS

515 Fifth Street, N.W.
Building A, Room 117
Washington, D.C. 20001
(202) 638-1501 Fax (202) 638-0862

COMPLAINT FORM FOR INCARCERATED COMPLAINANT

(Please print or type)

Date: _____

A. Your Name: (Dr.)
(Mr.)
(Ms.)
(Mrs.)

(First) (Initial) (Last)

DCDC #: _____ Location: _____

Fed. I.D. #: _____ Date of Birth: _____

Other Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Court where case is pending: _____ Case No(s): _____

Date of next court appearance: _____ Before Judge: _____

☐ Superior Court ☐ U.S. District Court Other _____

B. Attorney Complained of:

Name: _____
(First) (Initial) (Last)

Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Telephone No.: _____ Attorney's Bar No., if known: _____

C. Have you filed a complaint about this matter anywhere else? ☐ Yes ☐ No // If yes, please give details. _____

D. Do you have a written retainer agreement with the attorney? ☐ Yes ☐ No // If yes, please attach a copy. _____

E. Do you have other documents that are relevant? ☐ Yes ☐ No // If yes, please give details and provide copies.

SEE REVERSE SIDE FOR REQUIRED DETAILS & SIGNATURE ➡

F. DETAILS OF COMPLAINT: _____

The Undersigned hereby certifies to the Office of Disciplinary Counsel that the statements in the foregoing Complaint are true and correct to the best of my knowledge.

SIGNATURE