Office of Disciplinary Counsel Complaint Form [ODC form 1 (4/12/2019)]

Note: this complaint must be submitted on paper and signed, in ink, by the complainant. ODC does not accept on line submissions.

ODC use only: Date Rcvd:	
Case No:	
Clerk:	

If you need more space, please attach additional pages. Please only provide copies – not originals - of your documents. Date of this complaint: Your Name: Your Mailing Address: , Zip Code: City: . State: Your telephone numbers: preferred: alternate: Who are you complaining against? (up to two attorneys if all in the same firm.) Attorney #1 Attorney #2 Attorney Name: Law firm name (if any): Firm or Office 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): 1

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 y	ou hire or want the attorney to do?	
	ur complaint. State the facts as you un	at the attorney did or failed to do which is the derstand them. Do not include opinions or
Addition	nal pages? (Do not send original docum	nents! Documents will not be returned.)
Witn Witn	y witness (provide name and contactiess 1: less 2: less 3:	t info.) who might back up your complaint:
Your signature:		(sign in ink - must be signed).
Date signed	d:	
Mail to:	Office of Disciplinary Counsel Complaint Processing Dept. 201 Merchant Street, Suite 1600 Honolulu, Hawaii 96813	