THE CLEVELAND METROPOLITAN BAR ASSOCIATION
Unauthorized Practice of Law Committee
1375 East Ninth Street, Floor 2
Cleveland, Ohio 44114-1785

COMPLAINT FORM

ABOUT YOU

Name:__________________________________________________________________________

Address:________________________________________________________________________

Phone:______________________________

Email:________________________________

PERSON AGAINST WHOM COMPLAINT IS FILED (PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE)

☐ Paralegal  ☐ Disbarred Lawyer  ☐ Out of State Lawyer  ☐ Other __________________________

Name:__________________________________________________________________________

Address:________________________________________________________________________

Phone:______________________________

Email:________________________________

COURT ACTION

If your complaint involves a legal proceeding please provide information concerning the case name, number, court name, and approximate date the case was filed: ____________________________

_____________________________________________________________________________

If you are not a party to this case, what is your connection with it? Explain briefly: ____________________________

_____________________________________________________________________________
FACTS OF THE COMPLAINT

Did you employ this person for the purpose of providing legal services?
Yes: □ No: □ If yes, please describe in detail below.

Did you sign a contract for legal services?
Yes: □ No: □ If yes, please attach a copy if possible.

Did you pay a fee?
Yes: □ No: □ If yes, how much? ____________________________

Did this person provide legal services (for example, appear in court, give legal advice, or prepare legal documents)?
Yes: □ No: □ If yes, please describe in detail below.

How did you become aware that this person was providing legal services? Explain briefly
__________________________________________________________
__________________________________________________________
__________________________________________________________

What services did this person provide? Check all that apply
☐ Gave legal advice;
☐ Selected, drafted, or completed legal forms, documents, or agreements;
☐ Appeared in court or in a formal administrative proceeding;
☐ Negotiated legal rights or responsibilities for another person;
☐ Offered to provide legal services
☐ Other ______________________________________________________

Did this person represent him or herself to be an attorney or otherwise hold him or herself out to be an attorney?
Yes: □ No: □ If yes, please describe in detail below.
Explain in detail the facts of your complaint, including dates, describing the conduct which you believe constitutes the unauthorized practice of law. You may attach additional paper as necessary. Attach copies of any correspondence and/or documents which support your complaint and which you believe should be reviewed in the investigation of your complaint. Please do not attach original documents because they will not be returned.

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By signing this form, I attest that my statements herein and the documents attached are true and accurate to the best of my knowledge. I understand that by filing this form with the Unauthorized Practice of Law Committee, the individual I have written about may be contacted and provided a copy of this form. I further understand that the Supreme Court Rules for the Government of the Bar of Ohio require that this matter be private and confidential.

Signature ___________________________________________ Date __________________________