

HO-CHUNK NATION BAR ASSOCIATION
PROFESSIONAL RESPONSIBILITY COMPLAINT

NAME OF BAR MEMBER: _____ (PERSON THE COMPLAINT IS ABOUT)

BAR MEMBER'S NUMBER: _____ (TO BE FILLED IN BY COURT CLERK)

Complainant Information:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF CASE: _____

CASE NUMBER _____ (IF APPLICABLE)

EXPLAIN WHY YOU BELIEVE THAT THE RULES OF PROFESSIONAL CONDUCT FOR ATTORNEYS HAVE BEEN VIOLATED. STATE THE SPECIFIC RULE(S) VIOLATED AND EXPLAIN YOUR PERSONAL KNOWLEDGE OF THE VIOLATION(S). INCOMPLETE, VAGUE OR AMBIGUOUS COMPLAINTS MAY NOT BE CONSIDERED. HCN DISCIPLINARY R. OF PROF'L COND. 5(B).

DATE OF ALLEGED MISCONDUCT:

HO-CHUNK NATION BAR ASSOCIATION
PROFESSIONAL RESPONSIBILITY COMPLAINT

REMEDIES/RECOURSE THAT YOU SEEK AND YOUR JUSTIFICATION FOR REQUESTED
REMEDIES/RECOURSE:

PLEASE ATTACH ANY SUPPORTING DOCUMENTATION.
(E.G., RECEIPTS, CONTRACTS, REPRESENTATION AGREEMENT, WITNESS LIST, ETC.)

SIGNATURE

DATE

Subscribed and Sworn to before me on this _____ *day of* _____ .

NOTARY PUBLIC/CLERK OF COURT

EXPIRATION DATE