

OFFICE OF THE DISCIPLINARY ADMINISTRATOR
701 SW Jackson Street, First Floor
Topeka, Kansas 66603-3729
Telephone: (785) 435-8200
Fax: (785) 783-8385

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 three 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.

- Johnson Co. Fee Dispute Comm. (913) 544-1130 (Johnson Co. bar members only)
- KC Metropolitan Bar Assoc. (816) 474-4322 (Johnson Co. or Wyandotte Co.)
- Sedgwick County Fee Dispute Committee (316) 263-2251 (Sedgwick 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 Address: _____

2. Who are you complaining about?

Attorney's Full Name: _____

Attorney's Address: _____

City, State, Zip: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

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.

b. If yes, proceed to question 4.

4. **When was the attorney hired?** _____

5. **What was the attorney to do?**

6. **How was the attorney chosen?**

7. **When did you first meet with the attorney?** _____

8. **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?

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

10. If someone else hired the attorney or paid the attorney on your behalf, please provide:

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

11. When was the last time you met with or heard from the attorney?

12. Does your complaint involve a civil or criminal case? Yes _____ No _____

a. If no, what does your complaint involve?

b. 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 has happened so far in the case?

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

13. 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: _____

14. **Who else knows something about your complaint?**

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

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

Amended April 21, 2021.