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?

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

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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: ____________________________________________________________
15. **What did the lawyer do that violated the Kansas Rules of Professional Conduct?**

Please describe the lawyer’s misconduct by providing a detailed factual statement. If you believe that the attorney violated the Kansas Rules of Professional Conduct in more than one way, please describe all the misconduct. State the facts as you understand them. Do not include opinions or argument. **Please be advised that a copy of your complaint will be forwarded to the attorney named in your complaint.**

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If you need additional space to complete your factual statement, feel free to add additional pages after this page. Please attach a copy of documents, letters, email messages, and text messages you believe are relevant to your complaint. We cannot return documents submitted to this office. Additional information from you may be requested later. **Please retain all original documents and a copy of what you submit to this office.**
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