

**STANTON A. HAZLETT**  
*Disciplinary Administrator*  
**FRANK D. DIEHL**  
**ALEXANDER WALCZAK**  
**JANITH A. DAVIS**  
*Deputy Disciplinary  
Administrators*  
**GAYLE B. LARKIN**  
*Admissions Attorney*



*701 Jackson St.  
1<sup>st</sup> Floor  
Topeka, Kansas 66603-3729  
Telephone: (785) 296-2486  
Fax: (785) 296-6049*

**STATE OF KANSAS**  
**OFFICE OF**  
**THE DISCIPLINARY ADMINISTRATOR**

**COMPLAINT FORM**

**GENERAL INSTRUCTIONS:** Complete the following form in as much detail as possible. Provide the attorneys full name. If you wish to complain about more than one attorney, complete a separate complaint form for each attorney. If any of the questions do not apply to your case, write N/A in the spaces that are not applicable.

**FEE DISPUTES:** Please be advised that we do not settle fee disputes. If you are disputing the fee paid to your attorney, please contact one of the following Fee Dispute Committees: Johnson County Bar Fee Dispute Committee (913) 780-5460; Sedgwick County Bar Fee Dispute Committee (316) 263-2251; Kansas Bar Association Fee Dispute Committee (785) 234-5696.

**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.

---

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_  
Cell Phone No.: \_\_\_\_\_  
Work Phone No.: \_\_\_\_\_  
Fax Phone No.: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

---

Attorney's Name: \_\_\_\_\_  
Attorney's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Attorney's Phone No.: \_\_\_\_\_

Did you hire the attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when did you hire the attorney?

---

How much did you pay the attorney for attorney fees? Please attach a copy of any receipts, cancelled checks, contracts, fee agreements, and engagement letters.

---

What did you hire the attorney to do?

---

If no, what is your connection with the attorney? Please explain briefly.

---

---

Is your complaint about a law suit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the court? For example, the Kansas Supreme Court, the District Court of Shawnee County, Kansas, the Municipal Court of Topeka, Kansas.

---

What is the title of the suit? For example, *Jane Smith v. John Doe*.

---

What is the case number?

---

Approximately when was the law suit filed?

---

If you are not a party to the law suit, what is your connection with it? Please explain briefly.

---

---

Have you or has a member of your family complained about an attorney in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the attorney who was the subject of the previous complaint?

---

Approximately when was the previous complaint filed?

---

What was the disposition of the previous complaint filed?

---

FACTUAL STATEMENT: On a separate piece of paper, please prepare a detailed factual statement of your complaint. State the facts as you understand them. Do not include opinions or arguments. Include information about the type of case it was, i.e. divorce, criminal, etc. and when it started. If you employed the attorney also include how you chose the attorney, when you first met with the attorney, what the fee agreement was, whether the agreement was written or oral, what has happened so far in the case, and the last contact you had with the attorney.

Sign and date your statement. Further information may be requested later. Attach copies of pertinent documents. **PLEASE BE ADVISED THAT WE CANNOT RETURN DOCUMENTS SUBMITTED TO THIS OFFICE. YOU SHOULD RETAIN A COPY OF ALL MATERIALS YOU SUBMIT.**

Please send the completed Complaint Form, your detailed statement of complaint, along with any pertinent documents to: Office of the Disciplinary Administrator, 701 Southwest Jackson, First Floor, Topeka, Kansas 66603.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant's Signature