



PROMOTING EXCELLENCE—SEEKING JUSTICE

ATTORNEY COMPLAINT FORM

(Please Print)

Attorney: _____

My Name: _____ (PFN or DOB _____)

This Attorney Represented:

- Me My Child My Nephew/ Niece My Parent My Legal Guardian
- Other: _____

My Concern(s): *(select all that apply)*

- Attorney Did Not Appear on Time Attorney Did Not Inform Me About My Choices
- Attorney Did Not Seem Prepared Attorney Was Not Attentive to My Case
- Attorney Did Not Return My Phone Calls (Dates Involved: _____ to _____)

- Attorney Betrayed My Confidence By: *(If More Space Needed; please attach.)*

- Other: _____ *(If More Space Needed; please attach.)*

Signature: _____ Today's Date: _____

ALAMEDA COUNTY BAR ASSOCIATION

548 Market St • PMB 22692 • San Francisco, CA • 94104-5401
510.302.ACBA (2222) • Fax 510.452.2224 • www.acbanet.org