



BOARD OF PROFESSIONAL RESPONSIBILITY

of the

SUPREME COURT OF TENNESSEE

10 Cadillac Drive Suite 220

Brentwood, TN 37027

FAX No: 615-367-2480

EMAIL: complaints@tbpr.org

Complaint/Assistance Form

Please check ONE of the following:

I would like to file a formal complaint: **OR** I would rather file an informal request for assistance:

Your Name: Mr. Mrs. Ms. Miss _____

Your Home Address: _____
City State Zip

Email _____ Check box if incarcerated: Inmate ID#: _____

Your Home Phone: _____ Your Work Phone: _____ Your Cell Phone: _____

Your Employer: _____

Your Work Address: _____
City State Zip

Where do you prefer to receive correspondence? Home address Work Address

Lawyer's Name: _____ Lawyer's Phone: _____

Lawyer's Address: _____
City State Zip

(Fill out a separate form for each lawyer you are complaining about. Do not include the name of the law firm.)

The above lawyer is: My attorney: _____ Opposing attorney: _____ Other: _____

Date of first contact with Lawyer: _____ Date of last contact with Lawyer: _____

Is your case: Criminal Civil Case# _____ County: _____

If your case is in a Federal District, please check one of the following districts: Eastern Middle Western

Please check the case type:

Bankruptcy _____ Domestic (Family) _____ General Civil _____ Personal Injury _____ Workers Comp _____ Estate _____

Social Security _____ Real Estate _____ Other (please describe): _____

Criminal (if this is a Criminal case, please list the charge[s]): _____

Stage of the Criminal Case:

Trial or Pre-Trial _____ Direct Appeal _____ Post-Conviction _____ Post-Conviction Appeal _____ Habeas Corpus _____

Violation of Probation/Parole _____ Other: _____

