

SUPREME COURT OF ARKANSAS - OFFICE OF PROFESSIONAL CONDUCT
501 Woodlane Street, Suite 520-S, Little Rock, Arkansas 72201-1023
Telephone: (501) 376-0313 / Toll Free: (800) 506-6631 / Facsimile: (501) 376-3438

GRIEVANCE FORM AGAINST ATTORNEY - PLEASE READ INSTRUCTIONS CAREFULLY

ALL INFORMATION YOU SUBMIT TO US AND WE SUBMIT TO YOU IS CONFIDENTIAL UNDER SUPREME COURT RULE. ANYONE VIOLATING THIS CONFIDENTIALITY MAY BE FOUND TO BE IN CONTEMPT OF THE COURT AND PUNISHED BY FINE OR JAIL.

Function of The Committee on Professional Conduct:

The Committee on Professional Conduct has the authority to discipline attorneys for violation of the Arkansas Rules of Professional Conduct adopted by the Supreme Court. The Committee can issue letters of warning, caution or reprimand, suspend the attorney's license or file in court seeking disbarment. The Committee's authority is limited to matters addressed by the Rules and to the sanctions set out above. It has no authority to compel an attorney to take any particular course of action nor does the Committee become involved in litigation of legal matters. Please understand that the Office of Professional Conduct cannot represent you, give you any legal advice, effect or change the outcome of a court decision, or recover money for you.

Filing a Grievance:

If you feel that an attorney has acted in a manner that violates the standards of professional conduct, fill out, as completely as possible, the attached grievance form and return it to this office. **Include photocopies of any documents, letters, agreements, checks, receipts or other papers and/or material that are relevant to your grievance. Please do not mark, write, underline, make notations, or comments on any records, transcripts, letters, documents or other written material that you attach to your grievance form as supporting documentation.** If sufficient cause is found to file a formal complaint, some or all of your supporting documentation may be included as exhibits. If you wish to specifically point out some part of a particular document, you may refer to it in the narrative portion of your grievance form. Please ensure that the narrative account of the lawyer's actions of which you complain is FACTUAL. Conclusory statements such as "He's a liar", "He didn't do me right", "He's incompetent", etc., have no evidentiary value and do not assist in the evaluation of your grievance. **If you feel the attorney did not represent you correctly, you should consult a private attorney about your legal rights. You should not wait for the outcome of any investigation or action by our office or the Committee.**

Grievance Process:

We will review the information in your grievance form, conduct any necessary investigation, and inform you whether your concerns fall within the Committee's limited authority. If a formal complaint is warranted, we will assist you in the preparation of an affidavit for the complaint. The formal complaint and a copy of your affidavit will be sent to the attorney, who may submit a response. You will get a copy of any response and have the opportunity for rebuttal, if appropriate. All these documents will then be forwarded to the Committee for its review and action. You will be advised in writing of the Committee's final action. In some instances, the Committee will conduct a public hearing on a formal complaint. If that should occur, you may have to appear and testify at the hearing. This office does not provide copies of the Arkansas Supreme Court Arkansas Rules of Professional Conduct. If you have access to the internet these rules can be found at the website <http://arcourts.gov> under "Attorney Discipline."

ANY DOCUMENTS YOU ATTACH TO THE GRIEVANCE FORM ARE RETAINED IN OUR OFFICE. It is important you keep all original documents. Our office only needs clear, photocopied documents attached to the grievance. Make sure your documents have NO staples. Should you need copies of documents in your file in the future, you will be charged \$0.25 cents per page.

**ARKANSAS SUPREME COURT
COMMITTEE ON PROFESSIONAL CONDUCT
GRIEVANCE FORM**

Office Use ONLY: T- _____ A: _____	
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PART A: YOUR INFORMATION (Please PRINT, keep current & notify us immediately of any changes)

Your name: _____
(First) (Middle) (Last)

Address: _____ City: _____ State: _____ Zip: _____

County: _____ (If inmate ADC No.): _____ (Facility): _____

Primary Daytime Telephone: _____ Secondary Telephone: _____

E-Mail: _____ Fax No.: _____

(Future correspondence will be via email, unless you opt out here:)

Employer: _____ Address: _____

Spouse/Other Contact Name: _____ Spouse/Other Cell: _____
(If applies) (If applies)

If you are **currently** represented by an attorney, please provide:

Attorney's Full Name: _____

Address: _____ Telephone: _____

PART B: INFORMATION OF ATTORNEY ABOUT WHOM YOU ARE COMPLAINING:

Attorney's Full Name: _____ AR Bar No. (If known): _____

Address: _____ Telephone: _____ / _____
(Office) (Cell)

Date of initial contact: _____

Does (did) this attorney represent you? YES NO If yes, when (month/year) was he/she hired? _____

What did you hire the attorney to do for you? _____

What was the fee arrangement? **Please include copies of all checks and/or receipts. (Do not send original documents)**

Did the attorney or someone on his behalf contact you to see if he or she could represent you? YES NO

If you answered "yes" to the last question please answer the following three questions:

A. Did you request the attorney to contact you? YES NO

B. How was the contact made? PHONE / IN PERSON / MAIL / OTHER _____

