LOCAL PROFESSIONALISM PANEL COMPLAINT FORM

Submit form to: (Check One)

_____ Chief Judge, 18th Circuit

_____ Brevard County Professionalism Committee Chair

_____ Seminole County Professionalism Committee Chair

1. Referring Attorney:

Your Name: _____

Bar No.: _____

Address: _____

_____

Telephone: _____

Fax: _____

☐ Check this box if you wish to discuss this issue with the Panel Chair of the Local Professionalism Panel prior to making a written complaint. Such discussions will be off the record and you may thereafter elect not to proceed with a written complaint. However, the Local Professionalism Panel cannot take formal action on an issue unless a written complaint is filed, including items 2 & 3 below.

2. Attorney Being Referred:

Name (if more than one, attach information to this form)

Name: _____

Bar No.: (if known) _____

Address: _____

_____

Telephone: _____

Fax: _____

NOTE: THIS IS NOT A DISCIPLINARY PROCEEDING

3. **Alleged Violation** (please refer to specific Bar association guidelines, if possible): Use the reverse side of this form or attach additional pages if necessary. Please try to be brief, factual and non-judgmental. Please list and attach any papers requiring consideration or needed for clarification of the allegations discussed.

_____

_____

_____

_____

Signed _____ Date: _____