

CONFIDENTIAL

ODC File No. _____

**OFFICE OF DISCIPLINARY COUNSEL
BOARD ON PROFESSIONAL RESPONSIBILITY
OF THE
SUPREME COURT OF THE STATE OF DELAWARE**

CONFIDENTIAL COMPLAINT FORM

(1) Your name and address: _____

(2) Telephone number: Residence _____ Work _____

(3) The name of the attorney being complained about. (See NOTE below.)

NOTE: If you are complaining about more than one Delaware attorney, please provide your factual statement as to each attorney on a separate sheet.

(4) Write on the attached piece of paper and send with this form a statement of what the attorney did or did not do that you are complaining about. Please state the facts as you understand them. If you employed the attorney, describe what you employed the attorney to do. Please be as factually specific as possible, supplying dates where appropriate. Use extra sheets if necessary. Sign and date such statement. Send your factual statement(s) with this form by first-class mail (NOT by certified or registered mail) to the following address:

**OFFICE OF DISCIPLINARY COUNSEL
Carvel State Office Building, 11th Floor
820 North French Street
Wilmington, Delaware 19801**

(5) If you are complaining about an attorney who is representing you or has represented you, this Office may need to obtain copies of confidential documents relating to your complaint, and may eventually need to call you as a witness at a disciplinary hearing. Your signature below constitutes your authorization for this Office to obtain access to such documents as necessary in order to evaluate or investigate your complaint, and your consent to being called as a witness, if necessary.

Signature

Date

