2440 Louisiana Blvd. NE
Suite 280
Albuquerque, NM 87110

The Disciplinary Board
AN AGENCY OF THE SUPREME COURT OF THE
STATE OF NEW MEXICO

Phone: (505) 842-5781
info@nmdisboard.org

COMPLAINT AGAINST AN ATTORNEY

INSTRUCTIONS: This form is designed to provide the Disciplinary Board with information required to make an initial evaluation of your complaint and to begin any needed inquiry or investigation into your allegations.

Please print or type your information on this form. If you are asserting allegations about more than one attorney, please complete a separate complaint form for each attorney. All materials that you file with the Disciplinary Board will become part of the Disciplinary Board's confidential files and will not be returned or copied to you. Therefore, please only provide copies of your supporting documents with your original. signed complaint form. You will be advised in writing of receipt of your complaint and advised of the outcome of your complaint, subject to the limits of confidentiality.

IMPORTANT NOTICE: It is the function of this office to investigate allegations of misconduct against specifically identified attorneys and, where there is evidence that the attorney has violated the Rules of Professional Conduct, to recommend appropriate sanctions for the future protection of the public. This office cannot challenge Court decisions or intervene in any case nor stop or delay any pending Court proceedings.

Name and Address of Complainant

Prefix ☐Mx. ☐Mr. ☐Ms. ☐Mrs. ☐Dr. ☐Hon. ☐Prefer not to say

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Name and Address of Attorney

First Name _____ Last Name _____

Firm _____

Address _____

City _____ State _____ Zip Code _____

1. Describe your relationship to the attorney who is the subject of your grievance:

□ Current client □ Opposing party □ Opposing attorney

□ Former client □ Judge/Hearing Officer □ Other _____

2. Do you currently have an attorney other than the one named in this complaint?

☐ Yes ☐No

3. Is your complaint about conduct in a lawsuit?

☐ Yes Case number if known _____

☐No

4. Is the attorney in possession of money or other property (for example, your original documents or client file) that you believe should be returned to you?

☐ Yes ☐No

a. If you have given the attorney money, please state the date(s), amount(s), and provide documentation (copies, receipts, etc.).

Date _____ Amount $_____ Date _____ Amount $_____

Date _____ Amount $_____ Date _____ Amount $_____

5. What type of legal work was/is involved? (Check all that apply)

□ Administrative Law □ Bankruptcy □ Commercial

□ Criminal Law □ Estate/Probate □ Family Law/Divorce

□ Immigration □ Personal Injury □ Worker's Compensation

□ Real Estate □ Other Civil □ Other _____

6. What is the general nature of your complaint against the attorney? (Check all that apply)

□ Administrative Law
□ Criminal Law
□ Immigration
□ Real Estate
□ Bankruptcy
□ Estate/Probate
□ Personal Injury
□ Other Civil
□ Commercial
□ Family Law/Divorce
□ Worker's Compensation
□ Other _____

7. State your complaint in your own words. Try to give mainly factual examples of the attorney's misconduct. To the extent possible, include important dates, times, places, and details so that the specific nature of your complaint can be understood. Use as much space as necessary (Including adding addition pages). **It is not necessary to be brief.**

I understand and consent that all information on this form, including my name and address, will be available for review by the attorney and others who may view the file. This complaint form and other submissions by me will be sent to the attorney.

_____ _____

Signature Date