

## **INFORMATION AND INSTRUCTIONS FOR OCDC COMPLAINT FORM**

**Please read this before completing the COMPLAINT FORM.**

The Office of Chief Disciplinary Counsel (OCDC) is appointed by the Supreme Court of Missouri to investigate allegations of professional misconduct by attorneys. For additional information regarding the investigative process, you may visit the OCDC's website at [www.mochiefcounsel.org](http://www.mochiefcounsel.org).

### **Do:**

- **Complete each line on the attached complaint form.**
- **Keep your submission under 25 pages. If additional documents are needed, our office will contact you.**
- **Use only standard 8 ½" by 11" paper and do not add post-it notes or tabs to your materials.**
- **Include any written fee agreements. If none, please describe your understanding as to how and when the attorney was to be paid for fees, costs, etc. Include copies of cancelled checks or receipts of payments to the attorney.**
- **Notify us of any changes in your address or telephone number.**
- **Make copies of your complete complaint form for your records before submission. The OCDC will not return any original documents**
- **List only one attorney per complaint form.**

### **Do Not:**

- **Do not send medical records or documents with Social Security numbers.**
- **Do not staple or tape any pages of the complaint.**
- **Do not write on the back of pages or use a highlighter. Do not add irregular sized pages or photographs.**
- **Do not send complaints regarding a judge. Those complaints can be directed to: Mr. James M. Smith, Administrator Commission on Retirement, Removal & Discipline of Judges, 2190 S. Mason Road, Suite 201, St. Louis, MO 63131.**
- **Do not send original documents, receipts or recordings. They cannot be returned.**

**STATE OF MISSOURI  
OFFICE OF CHIEF DISCIPLINARY COUNSEL  
COMPLAINT FORM**

**Type or Complete in Black Ink and Read Instructions Prior To Completion**

Your name: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your phone number: \_\_\_\_\_

Name of the attorney being complained about: \_\_\_\_\_

Mailing address for attorney: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First date of contact with attorney: \_\_\_\_\_ Last date of contact: \_\_\_\_\_

Does this attorney currently represent you? Yes \_\_\_ No \_\_\_

Was this your attorney? Yes \_\_\_ No \_\_\_

Have you filed a complaint about this attorney previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you employ the attorney? Yes \_\_\_ No \_\_\_

If so, give the date of employment and the amount of money paid to the attorney.

\_\_\_\_\_

If your complaint involves a legal proceeding, name of the Court, Case Name and Case Number (Example: Smith vs. Jones 18CC-CR00221):

\_\_\_\_\_

\_\_\_\_\_

Please type or write out your complaint on a separate sheet of paper. See instructions for page size and limitations.

**Send by mail: Office of Chief Disciplinary Counsel  
3327 American Avenue  
Jefferson City, Missouri 65109**

**Or email your complaint to the Office of Chief Disciplinary Counsel at the following email address: [intake.ocdc@courts.mo.gov](mailto:intake.ocdc@courts.mo.gov)**

By signing this form, I affirm that I have read and understand the information and instructions. The information I have provided here is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_