

**THE IOWA SUPREME COURT
ATTORNEY DISCIPLINARY BOARD
COMPLAINT FORM**

I, _____, residing at _____
(Complainant)

in the City of _____, State of _____ Zip Code _____

Telephone Number: (____) _____ hereby complain that _____
(Name of Attorney)

whose address is _____

has violated the rules of ethics and conduct of the legal profession in that:

(Here explain the basis for the complaint.)
(Additional pages may be attached if necessary.)

**IN FILING THIS COMPLAINT, THE UNDERSIGNED HEREBY WAIVES THE ATTORNEY-
CLIENT PRIVILEGE BETWEEN COMPLAINANT AND THE ABOVE NAMED ATTORNEY.**

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

Date _____ Signature _____

This form is to be filed with the Iowa Supreme Court Attorney Disciplinary Board:

Iowa Supreme Court Attorney Disciplinary Board
Judicial Branch Building
1111 East Court Avenue
Des Moines, IA 50319
Telephone: (515) 725-8017