

**IOWA SUPREME COURT COMMISSION ON THE  
UNAUTHORIZED PRACTICE OF LAW  
COMPLAINT FORM**

Please carefully review this complaint form once you have included all information. Note that there is a requirement for you to execute the oath at the end of this form.

Your Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: ( ____ ) _____ Email: _____	*REQUIRED* Non-lawyer's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: ( ____ ) _____ Email: _____
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Describe your complaint. Provide dates and facts of alleged misconduct, and attach a copy of relevant documents. (Use a separate sheet if necessary; please do not write on the back of this form.)

Did you pay money to this person for services? YES\_\_\_ NO\_\_\_

If yes, how much money did you pay? \$\_\_\_\_\_

How did you pay the money? Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ Other (please specify)\_\_\_\_\_

What services did you receive, if any? Please include information about the things they did (or didn't do) for you. Did the person provide the services you wanted?

Have you filed other complaints about this person with other entities? YES \_\_\_ NO \_\_\_

If yes, which entities? \_\_\_\_\_

Have you filed a lawsuit against this person? YES \_\_\_ NO \_\_\_

If you have an attorney assisting you with a matter related to this person, may we contact your attorney?  
If yes, please provide your attorney's name, address, phone number, and email address:

Do you know of anyone else who has information about this situation? If yes, please include their name, address, phone number, and email address:

*Under penalty of perjury, I declare that I have read the foregoing document and that to the best of my knowledge and belief the facts stated in it are true.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit form and supporting documentation to:  
Commission on UPL  
Office of Professional Regulation  
1111 East Court Avenue  
Des Moines, IA 50319  
(515) 348-4670  
Email: [upl@iowacourts.gov](mailto:upl@iowacourts.gov)**