

**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: _____	*REQUIRED*
Address: _____	Non-lawyer's Name: _____
City: _____ State: _____	Address: _____
Zip Code: _____	City: _____ State: _____
Telephone: (____) _____	Zip Code: _____
	Telephone: (____) _____

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.)

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
Fax (515) 378-4698
UPL@iowacourts.gov**