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: ____________________________
City: _______________ State: ________
Zip Code: _______________  
Telephone: ( ____ ) _______________

Non-lawyer’s Name: ____________________________
Address: ____________________________
City: _______________ State: ________
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.)

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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