

**OFFICE OF THE TENNESSEE ATTORNEY GENERAL  
COMPLAINT FORM  
UNAUTHORIZED PRACTICE OF LAW**

Please return this completed form to:  
**STATE OF TENNESSEE  
Office of the Attorney General  
Consumer Protection Division  
Attn: Unauthorized Practice of Law  
P.O. Box 20207  
Nashville, TN 37202-0207  
Facsimile: (615) 532-2910**



Please carefully print or type all your responses in blue or black ink. Additionally, please respond to all questions on the front and back of this form.

**IMPORTANT:** Please note that this form is not confidential and may be disclosed if requested under the Public Records Act or during the course of litigation (if any). As a result, you should remove any social security numbers or bank account numbers before submitting this form.

Today's Date: \_\_\_\_\_

**1. Your Name:** (Mr./Mrs./Ms.) Circle correct response

\_\_\_\_\_  
First Name                      Middle Name                      Last Name

**Address:** \_\_\_\_\_  
Full Street Address    City              State              Zip Code

**County:** \_\_\_\_\_

**Telephone number:** Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**Best time to contact you:** \_\_\_\_\_

**2. Who is your complaint against?**

\_\_\_\_\_  
First Name              Middle Name              Last Name

\_\_\_\_\_  
Company name, if applicable

**3. What is their complete address and telephone number?**

\_\_\_\_\_  
Full street address    City              State              Zip Code

(       ) \_\_\_\_\_  
Area code              Telephone Number

**4. Does the person listed in #2, have a license to practice law?** If yes, please list the state(s) that issued the license(s): \_\_\_\_\_

5. **Please describe your complaint in detail. Please use chronological order (by dates) and include as many actual dates as possible. Attach copies of any papers or documents (receipts, advertisements, contracts, letters, front and back of canceled checks) you have available and which relate to your complaint. Please attach a separate sheet of paper if necessary. DO NOT MAIL ORIGINAL DOCUMENTS; THESE WILL NOT BE RETURNED.**

6. **Have you tried to work with the person/entity to resolve your complaint?**

yes  no

If yes, please explain in detail, including their response. Please attach a separate sheet of paper if necessary.

7. **Is the person you have described in your complaint still engaging in activity similar to your complaint?**

yes  no

If yes, please explain in detail. Please attach a separate sheet of paper if necessary.

8. **In which county did the facts described above occur?** \_\_\_\_\_  
(County)

9. **Did you pay money as a result of the complaint described in #5?**

yes  no

If yes, how much? \$ \_\_\_\_\_

To whom did you pay the money? \_\_\_\_\_

10. **Did you receive services in exchange for your money?**

yes  no

If yes, what did the person or company listed in #2 do for you? Please attach a separate sheet of paper if necessary.

11. **Have you had difficulties with the services you received from the person or company listed in #2?**

yes  no

If yes, please explain the difficulties in detail and discuss any monies lost as a result of those difficulties. Please attach a separate sheet of paper if necessary.

12. **What type of legal representation or services were you seeking or did you obtain?**

Domestic Relations (divorces, child custody and adoption issues)

Probate, Wills, Trusts and Estates

Personal Injury

General Business law (incorporations or the like)

Worker's Compensation

Criminal Law

Immigration Law

Tax Law

Other \_\_\_\_\_

13. **Did you respond to an advertisement when selecting the person or company listed in #2?**

yes  no

If yes, please provide a copy of the advertisement, if available. If not, please list where the advertisement ran or where you saw it.

14. **Have you filed a complaint with any other state, federal or local agency?**

yes  no

If yes, please list the agencies you have contacted.

15. **Have you filed a private legal action against the person or company listed in #2?**

yes  no

If yes, please provide your attorney's name, address and telephone number and attach a copy of the lawsuit.

\_\_\_\_\_  
Attorney's name

\_\_\_\_\_  
Attorney's address

\_\_\_\_\_  
Attorney's telephone number

16. **Are you aware of any other persons that have information about the events described in #5?**

yes  no

If yes, please provide each person's name, address and telephone number where indicated below.

Name

Complete Address

Telephone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: PLEASE READ CAREFULLY**

Please retain a copy of this complaint and all documents for your files.

If you have been injured by a person engaging in the unauthorized practice of law, you have a limited time to sue under Tennessee law. Because the Office of the Attorney General does not represent private individuals, you should consult a private attorney regarding your legal rights.

Please be advised that completing this form does not protect your legal rights.

You may also want to report your complaint to your local District Attorney General and the Board of Professional Responsibility.

Please be advised that complaints submitted may be subject to the Public Records Act. As a result, you should redact any personal information such as social security numbers or bank account numbers prior to submitting this form.

My signature below indicates that the information given in this complaint is true and correct to the best of my knowledge and belief. I understand it may be used in legal proceedings or provided to the individuals and/or entities referenced in this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date