

**EXHIBIT "A"**

**LOCAL PROFESSIONALISM PANEL COMPLAINT FORM**

**Submit form to: (Check One)**

\_\_\_\_\_ Chief Judge, 18<sup>th</sup> Circuit

\_\_\_\_\_ Brevard County Professionalism Committee Chair

\_\_\_\_\_ Seminole County Professionalism Committee Chair

**1. Referring Attorney:**

Your Name: \_\_\_\_\_

Bar No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

- Check this box if you wish to discuss this issue with the Panel Chair of the Local Professionalism Panel prior to making a written complaint. Such discussions will be off the record and you may thereafter elect not to proceed with a written complaint. However, the Local Professionalism Panel cannot take formal action on an issue unless a written complaint is filed, including items 2 & 3 below.

**2. Attorney Being Referred:**

Name (if more than one, attach information to this form)

Name: \_\_\_\_\_

Bar No.: (if known) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**NOTE: THIS IS NOT A DISCIPLINARY PROCEEDING**

- 3. Alleged Violation** (please refer to specific Bar association guidelines, if possible): Use the reverse side of this form or attach additional pages if necessary. Please try to be brief, factual and non-judgmental. Please list and attach any papers requiring consideration or needed for clarification of the allegations discussed.

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

Signed \_\_\_\_\_ Date: \_\_\_\_\_