

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. False statements made in bad faith or with malice may subject you to liability. A copy of your complaint may be sent to the State Bar of Wisconsin Certified Paralegal ("SBW CP") during the course of the investigation. Additionally, if the State Bar of Wisconsin Certified Paralegal asks who complained, your name will be provided.

| Please Type or | r Print | | |
|----------------|--|---|--|
| 1. Your Name | e: | | |
| Last Name | | First Name | MI |
| Street Address | s | | |
| City | | State | Zip Code |
| Telephone | | | |
| 2. Paralegal's | s Name: | | |
| Last Name | | First Name | MI |
| Street Address | s | | |
| City | | State | Zip Code |
| Telephone | | | |
| | complaint. Provide dates and fac e sheet if necessary. Do not write | ts of alleged misconduct and attach on the back of this form.) | n a copy of relevant documents. |
| I declare that | I have read the foregoing docume | nt and that to the best of my knowl | edge and belief the facts stated in it are true. |
| Signature | | Date | |
| Return to: | SBW CP Program State Bar of Wisconsin P.O. Box 7158 Madison, WI 53707-7158 | | |