CERTIFIED PARALEGAL

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 Print

1. Your Name:

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

2. Paralegal's Name:

Last Name _____ First Name _____ MI _____

Street 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. Do not write on the back of this form.)

_____

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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 _____

Return to: SBW CP Program
State Bar of Wisconsin
P.O. Box 7158
Madison, WI 53707-7158