

APPENDIX A (COMPLAINT FORM)

NEBRASKA COMMISSION ON UNAUTHORIZED PRACTICE OF LAW
3806 NORMAL BLVD.
LINCOLN, NE 68506-5420

DATE

1. Please give us information so we can contact you.	2. Who do you believe has engaged in the Unauthorized Practice of Law?
Name _____	Name _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Other Phone _____	Other Phone _____
Email _____	Email _____

3. What did they do? What is your specific complaint?

Be specific. Give actual dates and full addresses of all places that are important to your complaint. Tell what kind of contact you had with the person, whether it was a phone call, personal meeting, emails, letters, or something else. Attach copies of any papers, letters, receipts, checks, contracts, advertisements, or anything else that applies to this complaint. Supporting documents may be scanned and emailed to shela.shanks@nebraska.gov or mailed to the address above. If you need additional space, please use the supplement pages at the end of this form.

4. Are they still doing the same thing that you are complaining about?

Yes _____

No _____

I don't know ____

If you answered **Yes**, please tell us how you know? Tell us about other people or other things that have happened that show the person is still doing the same things you are complaining about. If you need additional space, please use the supplement pages at the end of this form.

5. Did you pay money to this person for some services?

Yes _____ No _____

How much money did you pay?

\$ _____

How did you pay the money?

Cash ____

Check ____

Credit Card ____

Other ____

6. What kind of services did you receive?

Tell us everything you can about what things they did for you, and maybe what they didn't do for you. What did you really want them to do? Did you get what you wanted? Did you have any problems with the services at any time? Do you still have problems because of the services? If you need additional space, please use the supplement pages at the end of this form.

7. Have you filed complaints, or a lawsuit, about this person and this matter with anyone else?

Yes _____

No _____

If you answered **Yes**, tell us who you contacted. If you hired a lawyer about this matter, please give us the name, address, phone, and email of your lawyer. Tell us about what they have told you and what they have done. If you need additional space, please use the supplement pages at the end of this form.

8. Do you know of anyone else who knows about this situation?

Name

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING

The information given in this complaint form is true and correct to the best of my knowledge and belief. I understand it may be used in legal proceedings.

Date

Signature

Do not write in this area.

