



AUTHORIZED PRACTICE COMPLAINT FORM

The North Carolina State Bar
Attn: Authorized Practice Committee
PO Box 25908
Raleigh, NC 27611
(919) 828-4620

Instructions for Filing a Complaint

1. Complaints should be filed electronically by downloading this form, attaching it to an email, and sending the email to uplcomplaints@ncbar.gov, if possible.
2. If you cannot file a complaint electronically, you may print a copy of this complaint form and mail the completed form, along with any supporting evidence, to the State Bar at the address listed at the top of this form.
3. You must complete each section of the complaint form. Required fields are indicated by an asterisk (*).
4. In the portion of the complaint form listing your personal information, you must enter at least one type of contact information by which you may be reached (email, phone number, or address).
5. If you allege that more than one person is engaged in the unauthorized practice of law, you must complete a separate complaint form for each person.
6. Complaints against individuals who are licensed to practice law in North Carolina should not be submitted to the Authorized Practice Committee using this form. If you have a complaint about a licensed North Carolina lawyer, you should submit it to the Grievance Committee. You can find information about filing a complaint against a licensed North Carolina lawyer [here](#).
7. You are responsible for providing evidence to support your allegations. Complaints that are not supported by evidence may be dismissed.
8. Redact or omit sensitive information from the complaint. Examples of sensitive information include social security numbers, banking information, medical information, identifying information about minors, and tax information.

☐ I acknowledge that I have read the above instructions.*



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Disclaimers and Acknowledgments

Before submitting an authorized practice complaint, you **MUST** acknowledge that you have read the following information by entering your initials in the boxes next to each statement below.

- | | Initial |
|--|----------------------|
| 1. Authorized Practice Complaints are Public Record: This complaint is a public record. The North Carolina State Bar may reveal it to the accused and to others.* | <input type="text"/> |
| 2. No Anonymous Complaints: The Authorized Practice Committee will not review anonymous complaints.* | <input type="text"/> |
| 3. No Legal Advice: The State Bar cannot provide you with legal advice or help you with legal matters. If you believe you may have a legal claim or have questions about your rights, you should consult with a lawyer. Do not wait for the State Bar authorized practice complaint process to conclude before consulting with a lawyer about your rights or potential claims.* | <input type="text"/> |
| 4. Refunds: The State Bar cannot order an individual to refund a fee, pay money or relinquish property.* | <input type="text"/> |
| 5. Ongoing Legal Matter: The State Bar cannot intervene or represent you in an ongoing legal matter.* | <input type="text"/> |
| 6. You May Be Required to Testify: If the State Bar takes legal action against an individual and/or business regarding allegations in a complaint that you filed, you may be required to testify in a hearing to prove those allegations.* | <input type="text"/> |

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Complainant (Your Information)				
Title:	First Name*:	Middle Name:	Last Name*:	
Address:		City:	State:	Zip Code:
Email:		Phone Number:	Other Phone Number:	

Respondent Information (Person you are complaining about)				
Title:	First Name:	Middle Name:	Last Name:	
Address:		City:	State:	Zip Code:
Name of Business Respondent is Affiliated With:			Respondent Website:	
Respondent Phone Number:			Respondent Email:	

Background Information
1. Have you received legal services from the person you are reporting? ☐ Yes ☐ No (If you answered No to Question 1 and you have not received legal services from the person you are reporting) What is your connection to the person you are reporting? ☐ Opposing Party ☐ Opposing Counsel ☐ Other (Briefly explain below): ☐ Judicial/Hearing Officer ☐ District Attorney

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Supporting Evidence

Attach supporting evidence when submitting this form. Please include only those documents necessary to support your complaint.

Examples of helpful documents include: Written fee agreements, proof of payments (cancelled checks, receipts, etc.), correspondence between you and the person you are reporting, copies of any relevant court filings, etc.



If you are planning to submit your form and supporting documentation by mail, please include only those documents necessary to support your complaint. **DO NOT** send original versions of any documentation. **The documentation you submit WILL NOT BE RETURNED.**

If you have additional evidence that you cannot submit with this form, please describe the evidence in the box below.



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Narrative*

Provide a detailed factual statement describing the respondent's alleged unauthorized practice of law. To the extent possible, include important dates, times and locations. Attach additional pages if needed.

***I certify that the allegations in this complaint are true and correct to the best of my knowledge and belief.**

Name/Signature:

Date: