# Unauthorized Practice of Law Complaint Form

**Your Name and Information (Signature on Back Required)**

<table>
<thead>
<tr>
<th>Name: Mr.</th>
<th>Ms.</th>
<th>Mrs.</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apt. #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip, County:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Daytime Phone #:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Email Address:</td>
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</tbody>
</table>

**Information About the Individual or Business You Are Requesting We Investigate**

<table>
<thead>
<tr>
<th>Company Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Website:</td>
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</table>

**I am a(n):**
- [ ] Individual
- [ ] Sole-Proprietor
- [ ] Family Partnership
- [ ] Partnership
- [ ] Corporation
- [ ] LLC

If an LLC, are any members of the LLC non-family members?  
- [ ] Yes  
- [ ] No

**Complaint is against:**
- [ ] Out-of-state attorney
- [ ] List state and license number if known
- [ ] Individual who is not an attorney
- [ ] Law firm
- [ ] Business that is not a law firm
- [ ] Other (please specify)  

**Did you employ or hire the individual or business you are reporting?**  
- [ ] Yes  
- [ ] No

**What conduct are you reporting? (Mark all that apply)**
- [ ] Advertising legal services
- [ ] Holding himself/herself out as an attorney
- [ ] Giving legal advice
- [ ] Preparing and/or filing legal documents
- [ ] Representing someone other than himself/herself in court or other tribunal proceeding
- [ ] Other (please specify)  

**How did you hear about the individual or business?**  
Include copies of or web links to any relevant advertising.

**Did you make any payments to the individual or business?**  
- [ ] Yes  
- [ ] No

If yes, please indicate the date, amount of payment, and attach copies of proof of payment including the front and back of any check payment.

**Did the person or business represent himself/herself to be an attorney or otherwise hold himself/herself out to be an attorney?**  
- [ ] Yes  
- [ ] No

If yes, please describe and attach copies of letterhead, business cards, or other supporting documents.

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**PLEASE COMPLETE BOTH SIDES**
Additional Information, Continued

If your complaint involves a legal proceeding, please answer the following, if known:

Name of Court: ______________________________

Party Names: _______________________________________

Case Number: _____________________________

County: ____________________________

Is the case active? ______ Yes ______ No

If you are not a party to this case, please briefly explain your connection to the case:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Have you filed a complaint with any other federal, state or local agency? _____ Yes _____ No

If yes, please list:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Please list names, addresses and telephone numbers for any persons who may have additional information.
__________________________________________________________
__________________________________________________________
__________________________________________________________

Have you hired an attorney to take legal action against the person or business? _____ Yes _____ No

If yes, please list the attorney’s name, address, and phone number:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Description of Complaint

Describe your complaint. Please provide dates and specific facts regarding what happened and attach copies of relevant documents, including contracts, written agreements for legal services, business cards, correspondence, or other documentation.

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Documentation

Please provide copies of ALL documents relevant to this transaction, including advertising material, contracts, warranty information, receipts, letters, checks (front and back), photographs, bills, and invoices, etc. Failure to provide ALL relevant documents may cause unnecessary delay in the handling of your request.

_____ Documents Enclosed  _____ Nothing to Attach

Verification

I am: Over Age 60  Partially Disabled  Totally Disabled  Illiterate  Non-English Speaking
_____ A Veteran or Surviving Spouse  _____ A Member of the Military  ____ An Immediate Family Member of a Member of the Military

In filing this request, I understand and agree that the Attorney General and his staff are not my private attorneys, but instead represent the State of Kansas in enforcing laws designed to protect the public from deceptive and unconscionable business acts and practices. I understand that Kansas law limits the period of time during which I may file any private legal action (s). I further understand and agree that the contents of this request may be forwarded to the business or person the request is directed against, may be forwarded to other appropriate agencies, and will become accessible to others under the Kansas Open Records Act. I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Kansas Attorney General’s Office. Finally, I declare and verify under penalty of perjury and the laws of Kansas that all of the foregoing is true and correct to the best of my knowledge.

__________________________________________________________
Signature of Complainant (Required)

__________________________________________________________
Date

Rev. 04/2019