



ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION  
of the  
SUPREME COURT OF ILLINOIS

**COMPLAINT FORM**

Use this form to file a complaint about:

- 1) an Illinois lawyer;
- 2) a non-Illinois lawyer who has provided legal services in Illinois; or
- 3) a non-lawyer who you are claiming has engaged in the unauthorized practice of law in Illinois.

Return the completed form by e-mail, mail or facsimile to:

**ARDC**  
130 E. Randolph Dr., Ste. 1500  
Chicago, IL 60601-6219  
Phone: (312) 565-2600 or (800) 826-8625  
Fax: (312) 565-2320  
Email: [information@iardc.org](mailto:information@iardc.org)

or

**ARDC**  
3161 W. White Oaks Dr., Ste. 301  
Springfield, IL 62704  
Phone: (217) 546-3523 or (800) 252-8048  
Fax: (217) 546-3785  
Email: [information@iardc.org](mailto:information@iardc.org)

1. Your name:

Street address:

City:

State:

Zip:

Home phone:

Work phone:

Cell phone:

Email address:

2. Name of lawyer/person you want to be investigated:

Name of law firm or business:

Street address:

City:

State:

Zip:

Phone:

Email address:

3. Have you previously contacted the ARDC regarding this matter?    Yes                      No

If yes, when and how did you contact us?

4. Did you employ the lawyer/person you are complaining about:    Yes                      No

4a. If you answered yes to question 4:

When did the employment start?

What was the fee agreement?

How much have you paid the lawyer/person to date?

*over*

**4b.** If you answered no to question 4 what is your connection to the lawyer/person?

**5.** If your request relates to a court case or other proceeding, please provide the following:

Name of court or agency:

Name of case:

Case number:

**6.** Please explain your complaint(s). Include important dates and names of witnesses and others involved. Use additional pages if necessary. Attach copies of documents that support your complaint, such as fee agreements, receipts, checks, letters and court papers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_