



UNAUTHORIZED PRACTICE OF LAW (UPL) COMPLAINT FORM

- If you believe that you are the victim of a crime or fraud, you should contact the local police. If you need legal assistance or advice, you should contact a lawyer.
- This is a public record. The complaint form, attachments, and all documents in this process are public documents and may be provided to others as part of a public records request.
- This complaint form, attachments, and all documents in this process will be shared with the Respondent (the person who is the subject of your complaint).
- The Washington State Bar Association will communicate with you by email unless you request otherwise.
- If you need assistance with this complaint, please call or email the Washington State Bar Association at (206) 733-5941 or UPL@wsba.org.

ABOUT YOU

Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

I am a:

- Lawyer
- Individual not licensed to practice law
- Other: _____

THE PERSON YOU ARE COMPLAINING ABOUT (RESPONDENT)

Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

This person is or identifies as a:

- Out-of-State Lawyer
- Disbarred Lawyer
- Notario

- Paralegal
- Other: _____

Please include any websites, URLs, business license numbers, other business names, or other identifying information you have:



What did the respondent (person not authorized to practice law in Washington) do? Check all that apply.

- Gave legal advice
- Selected, drafted or completed legal forms, documents, or agreements
- Appeared in court or in a formal administrative proceeding
- Negotiated legal rights or responsibilities for another person
- Offered to provide legal services

Please explain:



Was there a fee for the legal services?

- No
- Yes. Who paid the fee? _____ Amount Paid: \$ _____

Attach copies of any fee agreements, receipts, invoices, billing statements, or other documents showing payment.

OTHER REPORTS MADE BY YOU

Have you contacted a law enforcement agency, prosecuting attorney, the Attorney General’s Office, or other agency about this complaint?

- Yes
- No

If yes, which agency did you contact?

I affirm that I have read this complaint and the facts stated in the complaint are, to the best of my knowledge, true. I understand that this complaint form and all attachments may be made public or sent to other enforcement agencies.

Signature

Date

Email your complaint to: UPL@wsba.org.
