



**GRIEVANCE COMPLAINT FORM**

Complainant Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Name of NCBA Member against which complaint is directed:  
NCBA Member address: \_\_\_\_\_  
NCBA Member telephone Number: \_\_\_\_\_

Provide a short statement of the complaint:

Provide the facts supporting your complaint:

I believe the following sections of NCBA Code of Professional Conduct were violated:

(Additional pages may be attached if necessary.)

NOTICE: IN FILING THIS COMPLAINT, THE UNDERSIGNED HEREBY WAIVES THE ATTORNEY- CLIENT PRIVILEGE BETWEEN COMPLAINANT AND THE ABOVE-NAMED ATTORNEY, IF ONE EXISTED. REFUSAL TO WAIVE CONFIDENTIALITY WILL IMPEDE INVESTIGATION CONDUCTED BY NCBA.

I certify that the preceding is true and correct.

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

State of \_\_\_\_\_ County/City of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal

\_\_\_\_\_  
Notary Public

Seal

**This form is submitted to:**  
**NCBA Executive Director**  
**National Creditors Bar Association**  
**8043 Cooper Creek Blvd., Suite 206, University Park, FL**  
**34201 fax: 240-559-0959 or liz@creditorsbar.org**