

**OFFICE OF DISCIPLINARY COUNSEL  
SUPREME COURT OF THE VIRGIN ISLANDS  
161B Crown Bay  
St. Thomas, VI 00804  
(340) 693-4127**

**COMPLAINT FORM**

This form is designed to provide the Disciplinary Counsel and the Board on Professional Responsibility with the information required to evaluate your complaint.

**PLEASE NOTE: THIS FORM MUST BE TYPED OR LEGIBLY HAND WRITTEN, DATED AND SIGNED BEFORE IT WILL BE CONSIDERED.**

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**I. Person Making Complaint**

Mr. / Ms. / Mrs.

\_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number(s): (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**II. Attorney Against Whom Complaint is Made**

\_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

What is your relationship with the attorney against whom this complaint is made?

\_\_\_\_\_  
\_\_\_\_\_

**III. This Complaint alleges (Check One):**  Attorney Misconduct  Attorney Disability

**Please note that the Board on Professional Responsibility only has authority to investigate allegations of professional misconduct or disability by attorneys admitted to practice in the Virgin Islands. The Board does not act as an appellate court and cannot review, reverse or modify a legal decision made by a judge in the course of a court proceeding.**



**V. Additional Information (if available)**

a. If your complaint arises out of a court case, please answer the following questions:

1. What is the name and number of the case?

Case name: \_\_\_\_\_ Case No. \_\_\_\_\_

2. What kind of case is it?

civil    criminal    domestic relations    probate

small claims    traffic    other (specify) \_\_\_\_\_

3. What is your relationship to the case?

plaintiff /petitioner                       defendant/ respondent

attorney for \_\_\_\_\_

witness for \_\_\_\_\_

other (specify) \_\_\_\_\_

b. List and attach copies of any relevant documents which you believe support your claim that the attorney has engaged in misconduct or has a disability. (**Note:** Retain a copy for your records as these documents shall become the property of the Board and may not be returned.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Identify, if you can, any other witnesses to the conduct about which you complain:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**If additional space is required, attach, number, and sign additional pages.**

**VI. Affirmation.**

**Under penalty of perjury, I declare that I have examined and understand this Complaint Form and to the best of my knowledge and belief, the above information is true, correct and complete and submitted of my own free will. In filing this complaint, I understand that the Supreme Court Rules provide that "disciplinary and disability proceedings and the official record in such matters are confidential." V.I.S.C.T.R. 207.13(a). I further understand that this rule of confidentiality attaches and becomes effective upon the filing of this complaint and that any violation could result in a citation for contempt by the Supreme Court.**

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(Date)

(Complainant's Signature)

(Note: Only signed complaints will be considered.)

**Please return this form and direct all future communications to:**

Office of Disciplinary Counsel  
Supreme Court of the Virgin Islands  
P.O. Box 336  
St. Croix, VI 00841  
340-693-4127