

The Florida Bar Florida Registered Paralegal Complaint Form

Please carefully review this complaint form once you have included all information. Note that there is a requirement for you to execute the oath at the end of this form. False statements made in bad faith or with malice may subject you to civil or criminal liability. A copy of your complaint may be sent to the Florida Registered Paralegal (FRP) during the course of the investigation. Additionally, if the Florida Registered Paralegal asks who complained, your name will be provided.

Your Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Telephone: (____) _____

FRP's Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Telephone: (____) _____

DESCRIBE YOUR COMPLAINT, PROVIDE DATES AND FACTS OF ALLEGED MISCONDUCT AND ATTACH A COPY OF RELEVANT DOCUMENTS. (Use a separate sheet if necessary. Do not write on the back of this form!)

Under penalty of perjury, I declare that I have read the foregoing document and that to the best of my knowledge and belief the facts stated in it are true.

Signature

Date

RETURN TO
FRP Program
The Florida Bar
651 East Jefferson Street
Tallahassee, Florida 32399-2300