

POLK COUNTY BAR ASSOCIATION  
ATTORNEY FEE ARBITRATION COMMITTEE  
COMPLAINT FORM

RE:

\_\_\_\_\_  
(Name of Client)

\_\_\_\_\_  
(Client's Address)

AND

\_\_\_\_\_  
(Name of Attorney)

\_\_\_\_\_  
(Attorney's Address)

I, \_\_\_\_\_ ("Client") hereby complain that the above attorney has improperly charged me for legal services rendered in that: (Here explain the basis for the complaint including the nature of the dispute, the relief sought and dollar amount involved -- additional pages may be attached if necessary -- you are encouraged to include as exhibits all pertinent correspondence, billing materials, affidavits, or other documentation related to this dispute.)

(Please send the original and ten copies of this Complaint with attachments to the Committee Chairperson.)

**IN FILING THIS COMPLAINT, THE UNDERSIGNED CLIENT HEREBY WAIVES THE ATTORNEY-CLIENT PRIVILEGE BETWEEN CLIENT AND THE ABOVE-NAMED ATTORNEY.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Client)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE  
OF \_\_\_\_\_