UNLAWFUL PRACTICE OF LAW **COMPLAINT**

West Virginia State Bar **ATTN: Executive Director** 2000 Deitrick Blvd.

Charleston, West Virginia 25311 Please submit via – Facsimile (304) 553-7239 or Email caseya@wvbar.org

1.	Complaining Part Name:	y:	
		First – Initial – Last – Suffix	
	Address:		
		Street Number and Name or Post Office Box	
		City – State – Zip Code	
	Telephone:		
		Home/Work Cell	
	Email:		
2.	Offending Party/F Name:		
		First – Initial – Last – Suffix	
	Entity Name:		
	Address:		
		Street Number and Name or Post Office Box	
		City – State – Zip Code	
	Telephone:		
		Home/Work Cell	
	Email:	·	
•	[Provide a written	orted Unlawful Practice of Law act. explanation and attach copies of all documents which help explain the	
	complaint. Provid	le dates when all known act occurred].	

1 of 2 upl complaint form

SIGNATURE OF COMPLAINANT	DATE	
	[Attach additional pages if more room is needed]	

 $\mbox{uplcomplaintform} \qquad \qquad 2 \mbox{ of } 2 \\$