



UNAUTHORIZED PRACTICE OF LAW COMPLAINT FORM

TO COMPLETE THIS FORM: 1. Download the PDF to your computer or network drive; 2. Open the downloaded PDF (the copy on your computer, not the PDF in the browser); and 3. Complete the form, save, and submit to SBM using the contact info. below.

Please carefully review this inquiry/complaint form once you have included all information. False statements may subject you to civil liability. More information is available from the State Bar of Michigan, 1-800-968-1442, or at its website, www.michbar.org.

Non-lawyers name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone Number: _____

DESCRIBE YOUR COMPLAINT. Please provide dates, specific facts regarding what happened and all documents, including cancelled checks. Failure to include this information may delay the processing of your complaint. You may use a separate sheet and attach it to this form.

If needed, use box on next page to continue.

DESCRIBE YOUR COMPLAINT continued

If needed, attach separate document to continue.

Your name: _____

Your address: _____

City: _____ State: _____ Zip code: _____

Your telephone numbers: _____ (h) _____ (w)

Signature _____

Date: _____

RETURN COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

State Bar of Michigan, Unauthorized Practice of Law Department
306 Townsend Street, Lansing, MI 48933

or

upl@michbar.org