



STATE OF RHODE ISLAND

**UNAUTHORIZED PRACTICE
OF LAW COMMITTEE**

COMPLAINT FORM

Complainant Information

Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Respondent Information

Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Information Regarding Allegation of Unauthorized Practice of Law

Date(s): _____

Place(s): _____

Description: _____

Case name/number (if applicable): _____

Witness(es): _____

Please attach additional pages as necessary.

Complainant Signature: _____ Date: _____

Please submit to the attention of the Unauthorized Practice of Law Committee Chairperson c/o Rhode Island Supreme Court Clerk's Office, 250 Benefit Street, Providence, RI 02903 or via email to UPLC@courts.ri.gov.