

The Supreme Court of South Carolina

OFFICE OF DISCIPLINARY COUNSEL

COMPLAINT FORM

1. Your name and address:

Click or tap here to enter text.

1. Phone number(s) and email:

Click or tap here to enter text.

1. Name of attorney or judge being complained against:

Click or tap here to enter text.

1. Business Address of attorney or judge being complained against:

Click or tap here to enter text.

1. Please provide the type of the case if applicable: Click or tap here to enter text.

(i.e. divorce, criminal, etc.)

1. If you employed the attorney, please state what you employed them to do:

Click or tap here to enter text.

1. Did you employ the attorney? If yes, please give approximate dates and the amount, if any, paid: (If judge, please write N/A)

Click or tap here to enter text.

1. In the space below, please provide specific information regarding any alleged misconduct upon which your complaint is based: *(if necessary, additional pages or documentation may be added)*

Click or tap here to enter text.

**Note:** You should retain the original document or your own copy of any documentation submitted with your complaint.

**If you have retained a new attorney, please provide their name, address and telephone number:**

**Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

If you submit this form electronically, your typed name serves as your signature.

**Mail to:** ODC PO BOX 12159, Columbia, SC 29211 or **Email to:** [ODCmail@sccourts.org](mailto:ODCmail@sccourts.org)