

Foreign Legal Consultant Complaint Form

1. How to submit a complaint

1.1. Complete this complaint form.

- Be sure to fill out each section. Do not leave any section blank.
- If you do not know the answer to any question, write “I don’t know.”

1.2. Gather Supporting Information.

- We will only consider Supporting Information that we receive within 10 days after you submit your complaint.
- Supporting Information should be limited to:
 - 25 pages of documentation, either hard copies or PDFs; and
 - 25 MB of other information, such as audio, video, or image files.
- We will accept paper copies, e-mail attachments of PDFs and standard image files, and USBs (flash drive or thumb drive).
- We will **not** accept CDs, DVDs, or cassette tapes.
- We will **not** return any Supporting Information—do **not** send originals.
- To protect your privacy and the privacy of others, please **redact** personal identifying information (i.e., social security number, date of birth) from any document you provide in support of your complaint and avoid submitting medical records or protected health information belonging to third parties.
- If you submit records that contain your own personal identifying information or protected health information, you are authorizing us to share this information with the FLC named in your complaint.
- If you provide documents that contain unredacted third party personal identifying information or protected health information, we will return them and we will not consider them.

1.3. Submit your complaint form and all Supporting Information to the Texas Board of Law Examiners.

By email: information@ble.texas.gov

By U.S. Postal Service:

Texas Board of Law Examiners
PO Box 13486
Austin, Texas 78711-3486

By hand delivery or courier (FedEx etc.):

Texas Board of Law Examiners
205 West 14th Street, Suite 500
Austin, Texas 78701

2. Information about you

2.1. Name: _____

2.2. Mailing Address: _____

2.3. Telephone number: _____

2.4. E-mail: _____

2.5. Do you understand and write English?

Yes

No

If "No":

What is your primary language? _____

Who helped you prepare this form? _____

Will they be available to translate during this process? _____

2.6. Are you a judge?

Yes

No

If "Yes," for which court? _____

2.7. Are you an attorney?

Yes

No

If “Yes,” are you currently in litigation with the FLC named in this complaint? _____

3. Information about the Foreign Legal Consultant

We do not accept complaints against law firms. You must specifically name the FLC against whom you are complaining. If you have complaints against more than one FLC, you must complete a separate complaint form for each FLC.

3.1. Foreign Legal Consultant’s contact information

Name: _____

Mailing Address: _____

Telephone number: _____

E-mail: _____

3.2. Have you or a member of your family filed a complaint about this FLC before?

Yes

No

If “Yes,” when did you file it and what was the outcome?

3.3. Please check one of the following:

This FLC was hired to perform work for me.

This FLC was hired to perform work for someone else.

3.4. If **you** hired the FLC, either for yourself or for someone else:

- Tell us how you met the FLC. Specifically, please provide details about how you came to know and hire this FLC.

- Please give the date you hired the FLC.

- Please state what you hired the FLC to do.

- What was your fee arrangement with the FLC?

- How much did you pay the FLC?

- If you signed a contract, please include a copy (not the original) with your Supporting Information.
- If you have copies of checks and/or receipts, please include copies (not originals) with your Supporting Information.

3.5. If you did **not** hire the FLC, what is your connection with the FLC?

3.6. Are you currently represented by an attorney?

Yes

No

If “Yes,” provide the name, e-mail address, and phone number of the attorney:

3.7. Do you claim the FLC has an impairment, such as depression or a substance use disorder?

Yes

No

If “Yes,” please provide your personal observations of the FLC such as slurred speech, odor of alcohol, ingestion of alcohol or drugs in your presence etc., including the date you observed this, the time of day, and location. Include additional documentation with your Supporting Information if needed.

3.8. Did the FLC ever make any statements or admissions to you or in your presence that would indicate that the FLC may be experiencing an impairment, such as depression or a substance use disorder?

Yes

No

If “Yes,” If so, please provide details. Include additional documentation with your Supporting Information if needed.

4. Information about your complaint

4.1. In what city and county did the activity you are complaining about occur? _____

4.2. If your complaint is about a lawsuit, answer the following, if known:

• Name of court: _____

• Title of the suit: _____

• Case number: _____

• Date suit was filed: _____

• What is your connection to the suit?

Party

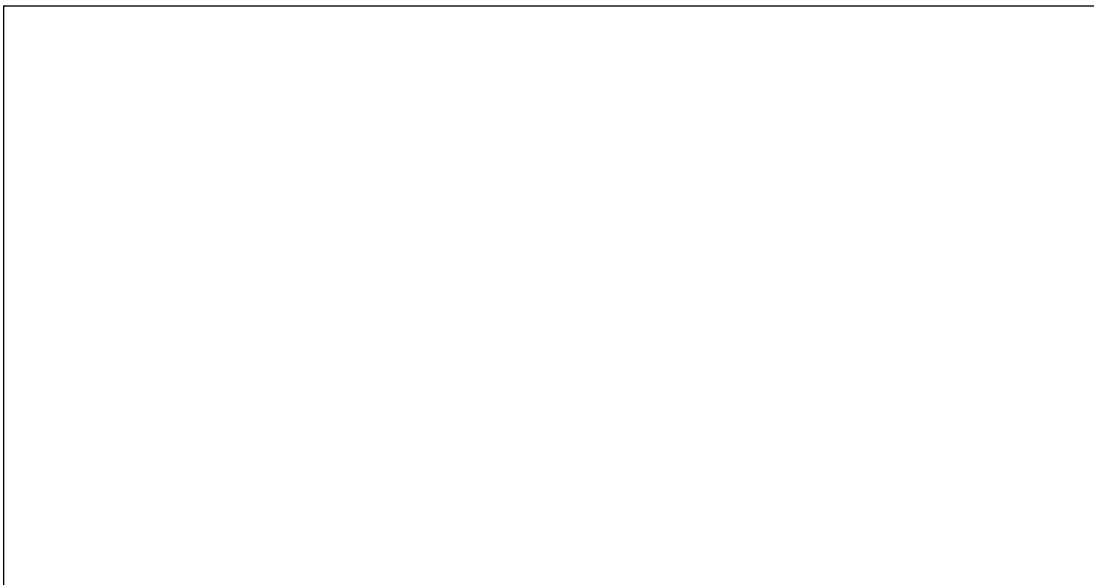
Other. Explain: _____

• If you have copies of court documents, please include them in your Supporting Information.

4.3. Explain in detail why you think this FLC has done something improper or has failed to do something which should have been done. Include additional documentation with your Supporting Information if needed.



4.4. List the names, e-mail addresses, mailing addresses, and telephone numbers of all persons who know something about your complaint.



5. Privacy

5.1. **We may give the FLC a copy of your complaint.**

5.2. To protect your privacy and the privacy of others, please **redact** personal identifying information (i.e., social security number, date of birth) from any document you provide.

5.3. If you provide records that contain your own unredacted personal identifying information or protected health information, you are authorizing us to share this information with the FLC named in your complaint.

5.4. By submitting this complaint form, you authorize the Texas Board of Law Examiners to disclose your personal identifying information and protected health information as necessary to comply with the law, or as necessary to carry out the function and duties of the Texas BLE.

6. Attorney-client privilege waiver and other acknowledgments

I hereby expressly waive any attorney-client privilege as to the FLC who is the subject of this Complaint. I authorize such FLC to reveal any information in the professional relationship to the Texas Board of Law Examiners.

I understand that I may need to act promptly to preserve any legal rights I may have, and that I may need to commence a civil action to preserve those rights. I understand that Texas Board of Law Examiners will **not** commence any civil action for me. I acknowledge that it is my responsibility to seek and obtain any necessary legal advice with respect to this matter.

I understand that the Texas Board of Law Examiners processes complaints confidentially.

I affirm that I am the person named in section 2, and that the information provided in this complaint is true and correct to the best of my knowledge.

Signature: _____

Date: _____