

**CHATTANOOGA BAR ASSOCIATION  
Fee Dispute Resolution Committee**

**COMPLAINT FORM**

Name and Address of Complainant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Date of this Complaint: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name and Address of Attorney (Respondent)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the CBA Fee Dispute Resolution Committee? \_\_\_\_\_

When did the services of the attorney begin? \_\_\_\_\_

When did the services of the attorney end? \_\_\_\_\_

Is there a written agreement or a confirmation letter regarding the legal services which were to be performed? \_\_\_\_\_. If so, please provide a copy. If not, please state in detail your understanding of the services to be performed and the terms under which the services were to be performed (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU WANT INFORMATION OR DOCUMENTS CONSIDERED BY THE COMMITTEE,

