

POLK COUNTY BAR ASSOCIATION
ATTORNEY FEE ARBITRATION COMMITTEE
COMPLAINT FORM

RE: _____ Name of Client _____ _____ Client's Address _____ Client's Email Address	AND: _____ Name of Attorney _____ _____ Attorney's Address _____ Attorney's Email Address
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I, _____ (Client), hereby complain that the above attorney has improperly charged me for legal services rendered in that:

(Explain here the basis for the complaint including the nature of the dispute, the relief sought, and dollar amount involved. Additional pages may be attached if necessary. You are encouraged to attach all pertinent correspondence, billing materials, affidavits, or other documentation related to this dispute to this Complaint.)

Please email or mail a signed and notarized copy of this Complaint to anderson@sagwlaw.com or Fred Anderson at Shindler, Anderson, Goplerud & Weese P.C., 5015 Grand Ridge Drive, Suite 100, West Des Moines, IA 50265

IN FILING THIS COMPLAINT, THE UNDERSIGNED CLIENT HEREBY WAIVES THE ATTORNEY-CLIENT PRIVILEGE BETWEEN CLIENT AND THE ABOVE-NAMED ATTORNEY.

_____ Date	_____ Signature of Client
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State of Iowa, County of _____:

This record was acknowledged before me on _____ (date) by _____ (name of client).

Notary Public in and for the State of Iowa
My commission expires: _____