BARRISTERS' PROFESSIONAL CONDUCT TRIBUNAL

158/159 Church Street, Dublin 7

Complaint Form

(Schedule One)

Name of person(s) making the complaint (block caps): _____

Address: _____

_____ Telephone: _____

Name of the Barrister(s) complained against: _____

Did this Barrister act for you **Yes / No** or for the other side **Yes / No**

Is an Oral hearing requested? **Yes / No** (if 'yes', please give reasons below. NOTE: this is at the discretion of the Tribunal)

If the complaint relates to a case which has been to court, please give details

Date case heard: _____ Presiding Judge: _____

Does the complaint relate to a case which is still before the courts? If so, please give details below.

Details of the Complaint

(If the space below is insufficient please continue on additional sheets)

Signature **Date** **PTO**

Please return completed form to the above address