

THE STATE BAR OF CALIFORNIA  
CALIFORNIA ATTORNEY COMPLAINT FORM

Read instructions before filling in this form.

Date 12/27/2011

(1) Your name and address Joseph (Tony) Ciampi  
P.O. Box 1681 PALO ALTO, CA 94302

(2) Telephone number: Home 650-248-1634 Work \_\_\_\_\_

(3) The name, address and telephone number of the attorney(s) you are complaining about.  
(See note below.)

Michael J. Gennaco BAR No. # 112969  
4900 South EASTON Avenue, suite 204  
Commerce, CA 90040 Phone: 323-890-5425

(4) Have you or a member of your family complained about this attorney(s) previously?  
Yes  No  If Yes, please state to whom the previous complaint was made, its approximate date and disposition.

(5) Did you employ the attorney? Answer **Yes** or **No** and, if "Yes," give the approximate date you employed the attorney(s) and the amount, if any, paid to the attorney(s).

NO

(6) If your answer to #5 above is "No," what is your connection with the attorney(s)? Explain briefly.

Attorney Michael Gennaco is the Independent Police Auditor  
for the City of Palo Alto paid for by the citizens of Palo Alto



(7) Include with this form (on a separate piece of paper) a statement of what the attorney(s) did or did not do which is the basis of your complaint. Please state the facts as you understand them. Do not include opinions or arguments. If you employed the attorney(s), state what you employed the attorney(s) to do. Sign and date each separate piece of paper. Additional information may be requested. (Attach copies of pertinent documents such as a copy of the fee agreement, cancelled checks or receipts and relevant correspondence.)

(8) If your complaint is about a lawsuit, answer the following, if known:

a. Name of court (For example, Superior or Municipal Court, and name of the county)

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b. Title of the suit (For example, Smith v. Jones).

c. Case number of the suit \_\_\_\_\_

d. Approximate date the suit was filed \_\_\_\_\_

e. If you are not a party to this suit, what is your connection with it? Explain briefly.

See 4 pages attached to this complaint & A DVD containing Exhibits 1 through 44.

(9) Size of law firm complained about:

1 Attorney \_\_\_\_ 2 - 10 Attorneys X 11 + Attorneys \_\_\_\_

Government Attorney \_\_\_\_ Unknown \_\_\_\_

**NOTE:** If you are complaining about more than one attorney, include the information requested in items #3 through #8. Use separate sheets if necessary.

Signature Joseph Ciampi 12/27/2011

Mail to:  
Office of the Chief Trial Counsel/Intake  
The State Bar of California  
1149 South Hill Street  
Los Angeles, California 90015-2299