COLUMBUS BAR ASSOCIATION GRIEVANCE FORM

175 S. Third St., Suite 1100, Columbus, OH 43215 | Phone: 614/221.4112 | Fax: 614/221.4850

PLEASE:

- Use a separate form for each attorney if your grievance involves more than one attorney.
- Write legibly and only on one side of the paper.
- Note that our office must receive the original, signed grievance. We cannot accept fax or email copies.
- Provide **your** address / phone number / email address below.

CBA Use Only

Recv. _____

Case # _____

INFORMATION ABOUT YOU:

Your Name:_____

Street:_____ City:_____ State:_____ Zip:_____

Phone: Home: _____ Work: _____ Other:_____

E-mail: Home: _____ Work: _____

Employer:_____ Best time/place to contact you: _____

Person who will know how to reach you: Name:_____

Relationship _____Contact Info._____

INFORMATION ABOUT THE ATTORNEY:

Attorney's Name: _____ Firm: _____

Street:_____ City:_____ State:_____ Zip:_____

Office Phone(s): _____ E-mail: _____

INFORMATION ABOUT THE LEGAL MATTER:

What kind of legal matter is/was this?

❑ Divorce/Custody ❑ Bankruptcy ❑ Personal Injury ❑ Probate ❑ Criminal ❑ Tax

❑ Landlord/Tenant ❑ Employment ❑ Other (specify)_____

Whom did the attorney represent?

❑ You: If so, approx. when did the representation begin:_____ end:_____

❑ A relative or friend: If so, whom:_____ Contact Info.:_____

❑ An opposing party: If so, whom: _____ Contact Info.:_____

What fees have been paid to the attorney? $_____When:_____Have receipts?_____

What fees are still claimed by attorney? $_____Have you received bills?_____

NATURE OF PROBLEM:

❑ Lack of communication ❑ Neglect ❑ Fee issue ❑ Return of file ❑ Personal misconduct

❑ Other:_____

Have you filed this grievance anywhere else? ❑ Yes *(if yes, please answer questions below)* ❑ No

Where? _____

When? _____

Result? _____

Please do not write on the back side of these pages.
<u>Be sure to sign the Verification on the last page</u>.

You may attach copies (no originals please!) of documents that will help to explain this matter.
If there are other individuals who you think might supply additional information about this matter, please list their names and contact information on a separate page.

VERIFICATION (Required):

I affirm that the facts stated in this document are true to the best of my belief. I agree that a copy of this form may be shared with the attorney that is the subject of this grievance.

Signature:_____ **Date:**_____