



COLUMBUS BAR ASSOCIATION GRIEVANCE FORM

230 West St., Suite 100., Columbus, OH 43215 | Phone: 614/221.4112 | Fax: 614/221.4850 | Email: ethics@cbalaw.org

PLEASE:

- Use a separate form for each attorney if your grievance involves more than one attorney.
- Type or write legibly and only on one side of the paper.
- This form may be submitted by mail, fax or email.
- 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? _____

