



COLUMBUS BAR ASSOCIATION

Mail: 230 West Street, Suite 100, Columbus, Ohio, 43215 | Email: ethics@cbalaw.org

PLEASE NOTE:

Your Grievance will be returned without review if the writing is illegible or any documents submitted have staples, stickers, or sticky notes.

Please use a separate form for each attorney if your grievance involves more than one attorney.

ATTORNEY GRIEVANCE FORM

Your Contact Information:

(Check One) ☐ Mr. ☐ Ms. ☐ Hon.

Name:

Last: _____ First: _____ MI: _____

Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Information About the Attorney:

Name:

Last: _____ First: _____ MI: _____

Name of Firm/Office: _____

Office or Other Attorney Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Information About the Legal Matter (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Employment | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Family (Divorce/Support/Custody) | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Immigration/Naturalization | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Estate/Probate/Trusts | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> OTHER: _____ |

Describe your relationship to the lawyer who is the subject of your grievance:

- | | | |
|--|---|---|
| <input type="checkbox"/> Client | <input type="checkbox"/> Opposing Counsel | <input type="checkbox"/> Opposing Party |
| <input type="checkbox"/> Former Client | <input type="checkbox"/> Judge | <input type="checkbox"/> OTHER: _____ |

Please provide, whenever applicable, the following information regarding your relationship with the lawyer:

1. Date representation began: _____
2. Did you pay this attorney? (Check one) ☐ Yes ☐ No
 - a. If yes, how much: _____
3. Did you sign a written fee agreement? (Check one) ☐ Yes ☐ No
 - a. If yes, please include a copy of the signed fee agreement with the submission of your grievance
4. Does the attorney claim that fees are still owed? (Check one) ☐ Yes ☐ No
 - a. If yes, how much: _____
5. Does the attorney still represent you? (Check one) ☐ Yes ☐ No
6. Is the matter still ongoing in a court? (Check one) ☐ Yes ☐ No
7. Please provide the date of last contact with the attorney: _____
8. If you have obtained new counsel, please provide:
 - a. Name: _____
 - b. Phone: _____

Additional Information:

Does this matter involve a court case? (Check one) ☐ Yes ☐ No

1. If yes, provide:

a. The name of the court or Judge: _____

b. Full court case number: _____

Have your concerns been raised with the Judge? (Check one) ☐ Yes ☐ No

1. If yes, provide:

a. Date concerns were raised: _____

b. Outcome/ruling from the Court: _____

Nature of the Problem: (Check all that apply)

☐ Lack of Communication ☐ Negligence ☐ Fee/Billing Issue

☐ Conflict of Interest ☐ Confidentiality ☐ Improperly terminated representation

☐ Solicitation of Clients ☐ Mental Health Concern

☐ OTHER: _____

Have you filed this grievance anywhere else? (Check one) ☐ Yes ☐ No

1. If yes, provide:

a. Who did you file the grievance with? _____

b. When did you file it? _____

c. What was the outcome? _____

What action or resolution are you seeking from submitting this grievance?

Facts of the Grievance

Please describe below what the attorney did which you believe violated their professional obligations. You may attach copies of documents (no originals) that will help you explain this matter. At this time do not attach voluminous material- **grievances longer than 10 pages will be returned without review.** If we need additional material from you, we will request it.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

VERIFICATION (Required) – Sign or Type your name and today’s date:

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

Signature: _____ Date: _____