# The Geauga County Bar Association

*Certified Grievance Committee*
*100 Short Court Street*
*Chardon, OH 44024*

**PLEASE TYPE OR PRINT LEGIBLY - SUBMIT THIS ORIGINAL COMPLAINT ALONG WITH COPIES OF ANY RELATED DOCUMENTS**

**(Revised 5/3//2017)**

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**Your Name:** _____

**Address:** _____

_____

**Home Phone:** _____

**Work Phone:** _____

**Cell Phone:** _____

**Email:** _____

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***(About whom are you complaining?)***

**Attorney's Name:** _____ **Supreme Court #:** _____

**Address:** _____

_____

_____

**Office Phone:** _____

**Cell Phone:** _____

***(The word "Committee" in this document refers to the Geauga County Bar Association Certified Grievance Committee)***

**1. Did you hire this attorney?** _____

**2. If yes, please provide the date you hired this attorney:** _____

**3. What was this attorney hired to do?** _____

_____

**4. Did you sign a fee contract or other written agreement with this attorney?** _____

**5. If yes, what was your understanding of the terms of this agreement?** _____

_____

**6. In your opinion, did this attorney do what he/she was hired to do?** _____

**7. Did this attorney prepare any document on your behalf?** _____

**8. If yes, please provide the name of the court/agency, case/file number, and outcome.**

_____

_____

**9. Did you discharge this attorney?** _____

**10. If yes, please provide the date of discharge:** _____

**11. Have you filed a complaint about this attorney with any other organization?** _____

**12. If yes, please provide the name of the organization, date of filing, and any action taken.**

_____

**13. Have you filed a lawsuit against this attorney?** _____

**14. If yes, please provide the name of the Court, case number, and outcome, if any.** _____

_____

**15. Has this attorney sued you for fees?** _____

**16. If yes, please provide the name of the Court, case number, and outcome, if any.** _____

_____

**17. Please explain your grievance regarding this attorney <u>in</u> <u>detail</u>. Include dates and a description of the attorney's conduct which you believe to be unethical. Please attach additional pages as necessary. Please also attach <u>copies</u> of correspondence or other documents which you believe should be reviewed in the investigation of your complaint. PLEASE DO <u>NOT</u> SEND ORIGINAL DOCUMENTS.**

**18. What help are you seeking from the G.C.B.A. Certified Grievance Committee? _____**

_____

_____

**19. Please list the names, contact information, and nature of relationship ("spouse," "current attorney," etc.) of people who may have information relevant to the issues raised in this complaint and whom you would like to be contacted by the Committee:**

_____

_____

_____

_____

_____

_____

**I affirm that my statements and the documents attached, if any, are accurate and complete to the best of my knowledge. I understand that by filing this complaint with the Committee, the attorney to whom this complaint pertains will be contacted and provided a copy of this complaint.**

**By filing this complaint, I agree that I will cooperate with this Committee, its investigation of this matter, and any disciplinary proceedings that may result from this complaint.**

**I UNDERSTAND THAT THE FILING OF THIS COMPLAINT CONSTITUTES A WAIVER OF THE ATTORNEY-CLIENT PRIVILEGE WITH RESPECT TO THIS ATTORNEY AND THE ALLEGATIONS DESCRIBED IN THIS COMPLAINT.**

**I understand that the Ohio Supreme Court requires that this Committee and its members keep this matter confidential.**

**I will promptly advise the Committee of any additional information concerning this complaint that I may obtain after filing this complaint. I will also advise the Committee of any change of my address or phone number until such time as I am notified, in writing, that this matter has been closed.**

**Signature:** _____ **Date:** _____

## LIST OF RELATED DOCUMENTS (if any)

**1.** _____

**2.** _____

**3.** _____

**4.** _____

**5.** _____

**6.** _____

**7.** _____

**8.** _____

**9.** _____

**10.** _____

**11.** _____

**12.** _____

**13.** _____

**14.** _____

**15.** _____

**16.** _____

**17.** _____

**18.** _____

**19.** _____

**20.** _____