

Case# _____
(office use only)

GRIEVANCE COMMITTEE

**LAKE COUNTY BAR ASSOCIATION
25 NORTH PARK PLACE
PAINESVILLE, OHIO 44077**

(440) 350-5800, or (440) 918-2180

e-mail: barassociation@lakecountyohio.gov
www.lcba-ohio.org

Please type or print legibly. Submit this original form and 1 copy along with 2 copies of all attachments and/or supporting documents.

YOUR NAME

(Last) (First) (Phone)

ADDRESS

(Street) (City) (State)

(County) (Zip Code)

PLEASE ENTER THE NAME AND ADDRESS OF THE ATTORNEY OR JUDGE YOU ARE COMPLAINING ABOUT.

NAME

(Last) (First) (Phone)

ADDRESS

(Street) (City) (State)

(County) (Zip Code)

COMPLAINTS FILED WITH OTHER AGENCIES:

Have you contacted any other agency or bar association about this complaint? ____Yes ____No

If yes, the name of that agency_____

Action taken by that agency_____

Approximate Date_____

COURT ACTION TAKEN:

Have you brought civil or criminal court action against this attorney or judge? ____ Yes
____ No

If yes, the name of that court_____

Action taken by that court_____

WITNESSES:

List below the names, addresses and daytime telephone numbers of persons who can support your complaint or have information about the facts.

NAME ADDRESS PHONE

On the attached sheet, explain the facts of your complaint in chronological order, including dates. Also, describe what you think is illegal or unethical conduct by this member of the legal profession. Attach copies of any correspondence or documents which support your complaint.