

**RICHLAND COUNTY BAR ASSOCIATION
CERTIFIED GRIEVANCE COMMITTEE**

50 PARK AVENUE EAST
MANSFIELD, OHIO 44902

COMPLAINANT / GRIEVANT:

Your Name: _____
 Last First Telephone No.

Address: _____
 Street City State Zip Code

RESPONDENT: [Attorney Against Whom You Want to Lodge a Complaint]

Name: _____
 Last First Telephone No.

Address: _____
 Street City State Zip Code

Have you filed a complaint with any other agency or bar association about this complaint?

_____ Yes _____ No

If yes, what agency or association? _____

What was the date of that complaint? _____

Have you brought a civil or criminal action against this attorney? _____ Yes _____ No

If yes, name of court _____

Action taken _____

DESCRIPTION OF COMPLAINT

Please set forth the nature of your complaint beginning here and continuing on the back. If additional space is needed attach additional sheets to this form.

Lined area for writing the grievance.

The Rules of the Supreme Court of Ohio require that investigations be confidential. Please keep confidential the fact that you are submitting this grievance. The party you are filing your grievance against will receive notice of your grievance and may receive a copy of your grievance and be asked to respond to your allegations.

Signature _____

Date _____