

Medina County Bar Association
 Certified Grievance Committee
 93 Public Square
 Medina, OH 44256
 Telephone: (330) 725-9794

Grievance

Case No.: _____
 Date _____
 Received: _____

We will enter above information

		Email:	
(Please print your full name)		Telephone	Preferred
		Home: ()	[]
Address		Mobile: ()	[]
City	State	Zip	
This Grievance is against (check one): an Attorney [] - OR - a Judge/Magistrate []		Other: ()	[]
		Phone: ()	
Attorney's full name		Date attorney was hired: _____	
Address		(Circle Yes or No)	
City	County	State	Zip
		Does the attorney still represent you?	Y N
		Is this matter still pending in court?	Y N
		Are you suing the attorney?	Y N
		Has the attorney sued you?	Y N
Did you sign a retainer agreement? Y N If possible, please attach a copy.			
Did you pay the attorney a fee or retainer? Y N How much was paid? _____			
Does the attorney owe you money or other property? Y N If yes, describe: _____			
If you already filed this grievance with another agency or bar association, where? _____ Date: _____			
Are you currently represented by another attorney? Y N If yes, please provide name and phone number: _____			
If this matter is still pending in court, which court? _____ Case No.: _____			
Please indicate what kind of legal matter: [] Divorce/Child Custody, [] Criminal, [] Employment, [] Bankruptcy, [] General Litigation, [] Probate/Estate, [] Real Property, [] Personal Injury, [] Other: _____			
On the next page, briefly explain the facts of your grievance in chronological order, including dates, and a description of other conduct committed by this legal professional. Also, please indicate what action or resolution you are seeking from this committee. You may attach extra pages if you prefer. If possible, please attach <u>copies of</u> : contracts, correspondence, and documents that support your grievance.			

The Ohio Supreme Court requires investigations to be kept confidential. You are urged to keep this Grievance confidential until further notice. The above party will receive a copy of this Grievance and be asked to respond to your allegations. By signing below you waive your attorney/client privilege and authorize the above party to reveal information that may be otherwise protected by that privilege.

Signature _____

Date _____

