

COLUMBUS BAR ASSOCIATION GRIEVANCE FORM

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CBA Use Only

Recv.

Case # ___

PLEASE:

- Use a separate form for each attorney if your grievance involves more than one attorney.
- Type or write legibly and only on one side of the paper.
- This form may be submitted by mail, fax or email.
- Provide your address / phone number / email address below.

INFORMATION ABOUT YOU:

Your Name:			
Street:	City:	State:	Zip:
Phone: Home:	Work:	Other:	
E-mail: Home:	Work:		
Employer:	Best time/place to contact you:		
Person who will know how	w to reach you: Name:		
Relationship	Contact Info		
INFORMATION ABOU	T THE ATTORNEY:		
Attorney's Name:	Firm:		
Street:	City:	State:	Zip:
Office Phone(s):		E-mail:	
INFORMATION ABOU	IT THE LEGAL MATTER: is/was this?		
Divorce/Custody) Bankruptcy 🛛 Personal Inj	ury 🗆 Probate 🗅 Crimi	nal 🛛 Tax
□ Landlord/Tenant □	Employment 🛛 Other (spec	:ify)	
Whom did the attorney re	epresent?		
□ <u>You</u> : If so, approx. \	when did the representation I	begin:	end:
A relative or friend:	: If so, whom:	Contact Info.	:
□ <u>An opposing party</u> :	If so, whom:	Contact Info	.:
What fees have been paid	to the attorney? \$	When:Hav	ve receipts?
What fees are still claime	d by attorney? \$	_Have you received bill	s?

NATURE OF PROBLEM:

□ Lack of communication □ Neglect □ Fee issue □ Return of file □ Personal misconduct
Other:
Have you filed this grievance anywhere else? \Box Yes <i>(if yes, please answer questions below)</i> \Box No
Where?
When?
Result?

Be sure to sign and date the Verification on the last page.

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You may attach <u>copies</u> (no originals please!) of documents that will help to explain this matter. If there are other individuals who you think might supply additional information about this matter, please list their names and contact information on a separate page.

VERIFICATION (Required) - Sign or type your name and enter 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 form may be shared with the attorney that is the subject of this grievance.

Signature:_____

Date:_____