

Complaint form
Complaint received: _____

Case# _____
(office use only)

PORTAGE COUNTY CERTIFIED GRIEVANCE COMMITTEE
PORTAGE COUNTY BAR ASSOCIATION
RAVENNA, OHIO 44266
(330) 296-6357

YOUR
NAME _____
(Last) (First) (Phone)

ADDRESS _____
Street City State Zip

Your Home County Phone Number

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

NAME _____ (Phone) _____
(Last) (First)

ADDRESS _____
(Street) (City) (State)

(County) (Zip) (Phone)

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date

Your Signature

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.

Rules of the Supreme Court of Ohio require that investigations be confidential, and you are asked to keep confidential the fact that you are submitting this complaint.

FACTS OF THE COMPLAINT:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Your signature