

Case# \_\_\_\_\_  
(office use only)

COMPLAINT FORM

**PORTAGE COUNTY BAR ASSOCIATION'S  
CERTIFIED GRIEVANCE COMMITTEE**

P.O. BOX 128  
RAVENNA, OHIO 44266  
(330) 296-6357, or FAX (330) 296-3258

YOUR NAME \_\_\_\_\_  
(Last) (First) (Phone)

ADDRESS \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Your Home County Your Phone Number

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

NAME \_\_\_\_\_ (Phone) \_\_\_\_\_  
(Last) (First) (Middle Initial)

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

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**

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\_\_\_\_\_  
Your Signature