

## STARK COUNTY BAR ASSOCIATION GRIEVANCE FORM

116 Cleveland Ave. N.W., Canton, Ohio 44702 | Phone: 330.453.0685 | Email: ethics@starkctybar.com

## **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 or email.
- Provide your address / phone number / email address below.
- NOTICE: You have the right to file your grievance with Ohio Disciplinary Counsel instead of the Stark County Bar Association. Their address is 65 East State St., Suite 1510, Columbus, Ohio 43215.

SCBA	Use	
Only Recv		
Case #		

## **INFORMATION ABOUT YOU:**

Your Name:			
Street:			
City:	Sta	te:Zi	p:
Phone: Home:	Work:	Other:_	
E-mail: Home:	Work:		
Best time/place to contact you:			
INFORMATION ABOUT TH	E ATTORNEY:		
	Firm:		
Street:			
City:			
Office Phone(s):	E-mail:		
INFORMATION ABOUT TH			
What kind of legal matter is/was	s this?		
□ Divorce/Custody □ Bank	kruptcy □ Persona	l Injury □ Probate	e 🗆 Criminal 🖵 Tax
□ Landlord/Tenant □ Empl	oyment 🛭 Other (s	pecify)	
Whom did the attorney repr	esent?		
☐ <u>You</u> : If so, approx. when o	did the representati	on begin:	end:
☐ <u>A relative or friend</u> : If so,			
☐ <u>An opposing party</u> : If so,			
What fees have been paid to the	e attorney? \$	When:	Have receipts?
What fees are still claimed by a	ttornou? ¢	Hava van rad	poived bille?

NATURE OF PROBLEM:  Lack of communication Neglect Fee issue Return of file Personal misconduct Other: Have you filed this grievance anywhere else? Yes (if yes, please answer questions below) No					
					Where?
					When?
					Result?
Be sure to sign and date the Verification on the last page.					
·					

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:  Date:		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.	If there are other individuals who you think might s	supply additional information about this matter,
this form may be shared with the attorney that is the subject of this grievance.	VERIFICATION (Required) - Sign or type yo	our name and enter today's date:
Signature: Date:		
	Signature:	Date: