

**CERTIFIED GRIEVANCE COMMITTEE
MAHONING COUNTY BAR ASSOCIATION
114 EAST FRONT STREET
YOUNGSTOWN, OHIO 44503
(330) 746-2933**

GRIEVANCE INFORMATION QUESTIONNAIRE

The Certified Grievance Committee of the Mahoning County Bar Association is a group of lawyers and non-lawyers who are authorized by the Ohio Supreme Court to investigate and review complaints about the ethical conduct of lawyers and judges practicing and/or serving in Mahoning County Ohio.

The Certified Grievance Committee reviews complaints ONLY to determine if a lawyer or judge has engaged in ETHICAL MISCONDUCT. Whether or not a lawyer or judge has engaged in ethical misconduct is governed by the Code of Professional Responsibility or the Code of Judicial Conduct and the interpretations of these Codes by the Board of Commissioners on Grievance and Discipline and the Ohio Supreme Court.

The Certified Grievance Committee does NOT appeal court orders, review the legal opinions of lawyers or judges, pursue claims for money damages against lawyers, judges or other individuals, or resolve fee disputes (fee disputes are handled by the Mahoning County Bar Association's "Inquiry Committee").

This questionnaire is designed to give the Certified Grievance Committee enough information about your grievance to determine if it is a matter that the Committee can properly handle. This information will be given to the members of the Committee and the attorney or judge involved in your complaint, but otherwise is kept strictly confidential. Grievances which the Committee can handle are often, but not always, in one or more of

2. AGENCY GRIEVANCES

Have you filed this complaint with any other agency or bar association?

Yes _____ No _____

If yes, the name of that agency: _____

Date your complaint was filed: _____

Result of complaint: _____

Please attach a copy of the complaint you have filed with any other agency other than the Mahoning County Bar Association Certified Grievance Committee.

3. PENDING LITIGATION

Have you brought civil or criminal Court action against this attorney or judge?

Yes _____ No _____

If yes, name of that Court: _____ County: _____

Case No. _____

Result of Court action: _____

Please attach a copy of the complaint.

4. ATTORNEY FEES

What fees have you paid the attorney: _____?

What fees are still claimed by the attorney: _____?

Did you sign a written fee agreement/contract: Yes ___ No ___ if yes, attach a copy.

Has the attorney sued you in a Court of Law for collection of fees: Yes ___ No ___

5. CURRENT GRIEVANCE

Was the attorney hired by you? Yes ___ No ___

If not, name of person hiring attorney: _____

Date attorney was hired or agreed to represent you: _____

Has the attorney withdrawn from the case: Yes ___ No ___ Explain: _____

Have you dismissed or fired the attorney from your case: Yes ___ No ___ Explain:

What help or action are you seeking from this Certified Grievance Committee?

Please indicate what type of legal matter the attorney was handling:

- | | |
|--|--|
| <input type="checkbox"/> Domestic relations | <input type="checkbox"/> workers' compensation |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> probate |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> will |
| <input type="checkbox"/> trusts | <input type="checkbox"/> social security |
| <input type="checkbox"/> Business matters | <input type="checkbox"/> real estate |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> employment law |
| <input type="checkbox"/> Unlawful discharge | <input type="checkbox"/> unemployment compensation |
| <input type="checkbox"/> Discrimination/civil rights | <input type="checkbox"/> consumer law |
| <input type="checkbox"/> Malpractice | <input type="checkbox"/> elder law |
| <input type="checkbox"/> Accident, personal injury | <input type="checkbox"/> corporate law |
| <input type="checkbox"/> Other* | |

*If other, please explain: _____

Does this complaint involve a case that is still pending before a Court? Yes ____ No ____

Please describe how the Attorney or Judge was guilty of ethical misconduct, giving all pertinent dates: _____

(attach additional pages if more space is needed)

Name, addresses, and phone numbers of any witnesses to the foregoing conduct:

A. _____

B. _____

C. _____

How have you or the person who hired the attorney been injured or damaged by the alleged unethical misconduct of the attorney?

Any additional information of which you would like the Certified Grievance Committee to be aware:

ATTACH COPIES OF ALL DOCUMENTS, LETTERS, ETC., WHICH YOU FEEL SUPPORT YOUR COMPLAINT

Please sign and date this form below, and return it to the Certified Grievance Committee, name and address noted on page one of this form. Also, please sign and return the attached STATEMENT OF COMPLAINT along with this form.

Date

Your Signature

You will be contacted by the Chairman of the Committee or another member of the Committee if further information is needed. You will be advised in writing of the disposition of your complaint. It may take as long as 8 weeks or more to process your complaint.

A pending grievance is considered confidential. The Committee requests your cooperation in keeping the matter confidential while it is being investigated and reviewed.

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STATEMENT OF COMPLAINT

I have attached to this form a true and complete statement describing my complaint against _____.

I further state that, if any disciplinary action is contemplated as a result of this complaint, I will fully cooperate with regard to the proceedings. I understand this may involve testifying under oath.

I understand that this instrument constitutes a waiver of the attorney-client privilege relative to the incidents described in this Statement.

I will promptly advise the Certified Grievance Committee of the Mahoning County Bar Association of any additional information concerning this complaint that I may hereafter obtain, and will advise the Certified Grievance Committee of the Mahoning County Bar Association of any change of address or phone number, until such time as I am notified, in writing, that this matter has been closed.

I understand that my complaint is considered confidential unless and until the Board of Commissioners on Grievances and Discipline determines that my complaint establishes "probable cause" and certifies my complaint. I agree to keep my complaint confidential while it is being investigated and reviewed.

Print your name

Signature of Complainant

Date