PLEASE TYPE OR PRINT CLEARLY USING INK

SEND THIS FORM TO: AD2-GRV10@nycourts.gov

OR BY MAIL: STATE OF NEW YORK

GRIEVANCE COMMITTEE FOR THE

TENTH JUDICIAL DISTRICT

150 MOTOR PARKWAY, SUITE 306 HAUPPAUGE, NEW YORK 11788

1-631-231-3775

		Date	:		
COMPLAINA	ANT INFORMATI	ON:			
Your Name:					
	(Last)		(First)	(Initial)	
Address:	(Street)		((Apt. #)	
	City)	(County)	(State)	(Zip Code)	
Telephone: (Cell/Home)		, •,	, ,	` ` ,	
Email Address:					
	COMPLAINED O	F:			
Name:	(Last)		(First)	(Initial)	
Address:					
	(Street)		((Apt. #)	
	City)	(County)	(State)	(Zip Code)	
Telephone: (Business)			(Cell)		
Email Address:					
			oplicable):		
CONTACT WI	ITH OTHER AGEN	CIES			
Have you contacthis matter? Y		r, such as a Bar Asso	ociation or District Attorne	ey's Office, concerning	
If so, state the na	ame of the agency: _				
What action was	s taken by the agency	?			
	ON TAKEN BY YO				
Have you taken	any civil or criminal	action against the at	torney? Yes □ No □		
If so, please nan	ne the court and provi	de the index number	er:		
	us of the action and/or				

ALLEGATIONS

Explain your complaint against the attorney in as much detail as possible. Please be sure to include the following information: Was the attorney paid any money, and if so, how much? What legal services did the attorney agree to perform? What work did the attorney do? What conduct did the attorney engage in that you believe was improper? Please provide a copy/digital copy of all relevant documents, including the retainer agreement, written communications (letters and emails) to and from the attorney, and the names of any witnesses and their contact information (address, telephone number, and email). (If necessary, continue your narrative on a separate sheet of paper).			
PLEASE SIGN:			

NOTE: Unsigned complaints will not be processed. Electronic signatures may be used. For more information regarding our rules and procedures please visit our website at: http://www.nycourts.gov/courts/ad2/attorneymatters_ComplaintAboutaLawyer.shtml