# STATE OF NEW YORK SUPREME COURT, APPELLATE DIVISION ATTORNEY GRIEVANCE COMMITTEE THIRD JUDICIAL DEPARTMENT

## COMPLAINT FORM

		Date:			
COMPLA	INANT INFORMAT	'ION:			
Your Name					
	(Last)	(First)		(Initial)	
Address:	(Street)		(Apt. #)		
	(City)	(County)	(State)	(Zip Code)	
Telephone:	•	(Business			
Email Addr	<b>*</b> 000	,			
ATTORN	EY COMPLAINED				
Name:					
	(Last)	(First)		(Initial)	
Address:	(Street)		(Apt. #)		
	(City)	(County)	(State)	(Zip Code)	
Telephone		(County) (Cell)			
		ATTORNEY (If Applicable):			
CONTACT	<b>F WITH OTHER AGE</b>	NCIES			
•	• •	y, such as a Bar Association, ar Agency concerning this matter?			
If so, state t	he name of the agency:				
What action	n was taken by the agenc	y?			
COURT A	CTION TAKEN BY Y	OU AGAINST THE ATTORN	NEY		
Have you ta	aken any civil or crimina	l action against the attorney?	Yes 🗆 No 🗆		
If so, please	e name the court and prov	vide the index number:			
What is the	status of the matter and/	or what action was taken by the	Court?		

#### 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 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).

### Note: Unsigned complaints will not be processed.

#### **Please Sign Here**

If you need additional space to complete the Allegations section, please continue on a separate document and include said document with your submission.