Supreme Court of the State of New York Appellate Division: Second Indicial Department

GRIEVANCE COMMITTEE COMPLAINT FORM

		Date:			
COMPLA	INANT INFORMAT	ION:			
Your Name:					
(Last)		(First)		(Initial)	
Address:	(Street)		(Apt. #)		
-	(City)	(County)	(State)	(Zip Code)	
Telephone:	(Cell/Home)	(Business)			
Email Addre	ess:				
ATTORNI	EY COMPLAINED (
Name:					
	(Last)	(Firs	t)	(Initial)	
Address:	(Street)		(41	
	(Street)		(Apt. #)		
	(City)	(County)	(State)	(Zip Code)	
Telephone: (Business)		(Cel	(Cell)		
Email Addre	ess:				
		ATTORNEY (If Applicat			
	WITH OTHER AGE				
-	ontacted any other agenc Yes □ No □	y, such as a Bar Association	n or District Attorney's	Office, concerning	
If so, state th	ne name of the agency:				
	was taken by the agency				
COURT AC	CTION TAKEN BY YO	OU AGAINST THE ATTO			
Have you tal	ken any civil or criminal	l action against the attorney	? Yes □ No □		
If so, please	name the court and prov	vide the index number:			
What is the	status of the matter and/o	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 you may continue on a separate document (preferably using Word), which can be emailed or submitted as an attachment to your complaint.