

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

GRIEVANCE COMMITTEE COMPLAINT FORM

Date: _____

COMPLAINANT INFORMATION:

Your Name: _____
(Last) (First) (Initial)

Address: _____
(Street) (Apt. #)

(City) (County) (State) (Zip Code)

Telephone: (Cell/Home) _____ (Business) _____

Email Address: _____

ATTORNEY COMPLAINED OF:

Name: _____
(Last) (First) (Initial)

Address: _____
(Street) (Apt. #)

(City) (County) (State) (Zip Code)

Telephone: (Business) _____ (Cell) _____

Email Address: _____

DATE YOU HIRED/RETAINED ATTORNEY (If Applicable): _____

CONTACT WITH OTHER AGENCIES

Have you contacted any other agency, such as a Bar Association or District Attorney's Office, concerning this matter? Yes ☐ No ☐

If so, state the name of the agency: _____

What action was taken by the agency? _____

COURT ACTION TAKEN BY YOU AGAINST THE ATTORNEY

Have you taken any civil or criminal action against the attorney? Yes ☐ No ☐

If so, please name the court and provide 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