

**MEDINA COUNTY BAR ASSOCIATION
CERTIFIED GRIEVANCE COMMITTEE
93 PUBLIC SQUARE
MEDINA, OH 44256**

CASE NO. _____

DATE RECD _____

(above to be completed by Grievance Committee)

PLEASE PRINT OUT THIS FORM. TYPE OR PRINT IN INK AND MAIL TO THE ABOVE ADDRESS.

YOUR NAME _____ **DATE** _____

ADDRESS _____

TELEPHONE NUMBER: DAY _____ **NIGHT** _____

ATTORNEY _____

ADDRESS _____

TELEPHONE NUMBER: _____

HAVE YOU CONTACTED ANY OTHER AGENCY OR A COURT ABOUT THIS COMPLAINT?

If yes, name of agency or Court and action taken by the agency or Court:

* * * * *

Please describe below the problem you are having with your attorney. You may attach copies of documents and correspondence. You may use additional pages if necessary.

I am submitting the above complaint to the **MEDINA COUNTY BAR ASSOCIATION CERTIFIED GRIEVANCE COMMITTEE** for consideration. I understand that I will be able to submit additional evidence to the investigator. I hereby waive the attorney/client privilege so that the committee may have access to my attorney's files in this matter. I request that attorney _____ give all necessary information to the committee.

Date

Signature