



STATE BAR OF GEORGIA
GRIEVANCE
CONFIDENTIAL

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK ONLY
DO NOT ALTER THIS FORM

YOUR NAME: (Mr./Mrs./Ms.) _____

MAILING ADDRESS: _____
Street or P.O. Box City State Zip

YOUR EMAIL ADDRESS: _____

YOUR PHONE NUMBERS: (H/CELL) _____ (W) _____

NAME OF THE ATTORNEY: _____
Fill out a separate form for each attorney. Do not list law firms.

ADDRESS OF THE ATTORNEY: _____

DATE OF FIRST CONTACT WITH ATTORNEY: _____ DATE OF LAST CONTACT WITH ATTORNEY: _____

DOES THIS ATTORNEY CURRENTLY REPRESENT YOU? YES [] NO [] WAS THIS YOUR ATTORNEY? YES [] NO []

IS YOUR CASE: CRIMINAL [] CIVIL [] CASE # _____

COUNTY: _____ OR FEDERAL DISTRICT: NORTHERN [] MIDDLE [] SOUTHERN []

CLEARLY DESCRIBE YOUR COMPLAINT AND ATTACH SUPPORTING DOCUMENTS:

Multiple horizontal lines for describing the complaint and attaching documents.

If more space is needed, please attach other pages. Please do not write on the back.

Return to: State Bar of Georgia
Office of the General Counsel
104 Marietta St. NW, Suite 100
Atlanta, GA 30303

"I affirm that I have read and understand the information and instructions.
The information I have provided here is true to the best of my knowledge."

SIGNATURE: _____
DATE: _____

OPTIONAL: PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE WE CAN CONTACT IF WE HAVE
DIFFICULTY CONTACTING YOU.

NAME OF CONTACT PERSON: _____

PHONE NUMBERS OF CONTACT PERSON: (H) _____ (CELL) _____