



## OFFICE OF DISCIPLINARY COUNSEL

Joseph M. Caligiuri, Disciplinary Counsel

65 East State Street, Suite 1510

Columbus, Ohio 43215

(614) 387-9700 | 1-800-589-5256 | fax: (614) 387-9709

[www.odc.ohio.gov](http://www.odc.ohio.gov)

### GRIEVANCE INSTRUCTIONS

The Office of Disciplinary Counsel (“ODC”) investigates allegations of unethical conduct by attorneys and judicial officers and allegations of the unauthorized practice of law (“UPL”).

#### HOW TO FILE A GRIEVANCE

A grievance form must be completed for *each* attorney or judicial officer against whom misconduct is alleged. If you are complaining about multiple individuals, a separate grievance form must be submitted for each attorney or judicial officer. Grievances may be submitted by the following methods:

##### Mail:

Office of Disciplinary Counsel  
65 East State Street, Suite 1510  
Columbus, Ohio 43215

Grievance forms must be completed in black or blue ink and must be signed. If necessary, you may attach additional 8 ½ x 11” paper, but do not use staples, sticky notes, tape, paper clips, or binder clips. Do not send any original documents. Upon receipt, grievances will be scanned into our case management system, and the paper copy, including any original documents or audio/visual files, will be destroyed.

*Please Note:* Grievances involving UPL must be submitted by mail.

##### Electronic Submission:

The grievance form may be found and submitted electronically at: <https://odc.ohio.gov/fileagrievance>.

#### THE GRIEVANCE PROCESS

After filing a grievance form, ODC’s intake unit will conduct an initial review of the allegation(s). If warranted, our office may initiate an investigation. The intake review may take up to 90 days. As part of our initial review and/or investigation, we may ask the attorney or judicial officer to respond to the allegation. An investigation could take up to one year from the date we receive the grievance. A written notice with our decision will be sent to the grievant. If substantial, credible evidence of a violation exists, a formal complaint may be filed with the Board of Professional Conduct. For more information on the disciplinary process, please visit: <https://www.bpc.ohio.gov/ohio-disciplinary-system>.

#### CONFIDENTIALITY

The Rules of the Supreme Court of Ohio require that investigations be confidential. You are requested to keep the fact that you are filing a grievance confidential. Only the individual against whom you are filing your grievance may waive confidentiality. In filing a grievance, you are waiving attorney-client privilege.

## IMPORTANT

- You should **not wait** for ODC's decision on your grievance to take action that you deem appropriate to protect your interests in your underlying legal matter.
- ODC has no jurisdiction over and cannot involve itself in the legal merits of your case.
- ODC cannot give legal advice.
- You will not receive periodic updates or a confirmation of receipt. We will contact you if more information is needed.
- You cannot file dual grievances with ODC and a local bar association.

*Your grievance will be returned  
without review if:*

- Any documents have staples, stickers, or sticky notes;
- The writing is illegible; or
- It concerns someone who is not licensed to practice law in Ohio (unless a UPL case).

## EXPECTATIONS

What should you expect?

- A fair and impartial review, wherein staff may communicate with you, the attorney or judicial officer, and other parties to obtain information;
- An efficient disposition of your grievance, considering the complexity of the matter, cooperation of all parties, and availability of documents, among other things, which may affect the duration of the investigation; and
- To receive official notification of the disposition of your grievance.

What should you NOT expect?

- Assistance or legal advice;
- Any change to a court's decision (i.e., conviction or incarceration status);
- Direction from ODC to the judicial officer or an attorney to take or refrain from a particular action;
- Representation by ODC concerning your legal matter;
- A referral to a new lawyer or removal of a guardian ad litem or judicial officer; or
- Reimbursement or other monetary compensation.

## FEE DISPUTES

ODC does not handle fee disputes. Individuals who have a dispute over their legal fees should contact the fee dispute resolution committee of the local bar association. If your local bar association does not have a fee dispute resolution committee, they will direct you to the nearest bar association that does.

## SUPPORTING DOCUMENTATION

You may attach additional evidence to support your grievance. You do not need to attach your entire case file; please only attach documents relevant to your grievance. *Do not send original documents.* Relevant documents may include:

- Fee or retainer agreement and proof of payments made to the attorney;
- Correspondence with the attorney, including letters, e-mails, and text messages;
- Notes of conversations; and
- Court filings.

Please limit your submission to **no more than 50 pages**, including attachments. If you have documentation surpassing 50 pages, describe the nature of the documentation in the *Facts of the Grievance* section.



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### GRIEVANCE FORM

Date: \_\_\_\_\_

#### YOUR CONTACT INFORMATION

Mr.       Mrs.       Ms.       Mx.       Dr.       Hon.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred method of correspondence:       E-mail       U.S. Mail

Are you an Ohio attorney or judge?       Yes       No

#### ABOUT WHOM ARE YOU COMPLAINING?

Judge/Magistrate       Attorney       UPL

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Registration Number: \_\_\_\_\_ (Can be found at <https://www.supremecourt.ohio.gov/attorneysearch/#/search>)

Name of Office/Firm: \_\_\_\_\_

Office Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### LEGAL MATTER

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bankruptcy              | <input type="checkbox"/> Juvenile        | <input type="checkbox"/> Real Estate                      |
| <input type="checkbox"/> Corporation/Partnership | <input type="checkbox"/> Criminal        | <input type="checkbox"/> Family (Divorce/Support/Custody) |
| <input type="checkbox"/> Estate/Probate/Trusts   | <input type="checkbox"/> Social Security | <input type="checkbox"/> Immigration/Naturalization       |
| <input type="checkbox"/> Employment Law          | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Personal Injury                  |
| <input type="checkbox"/> Workers' Compensation   | <input type="checkbox"/> Adoption        | <input type="checkbox"/> Other: _____                     |

**ADDITIONAL INFORMATION**

Have you filed this grievance with any other entity?  Yes  No

If Yes, provide entity: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Does this matter involve a court case?  Yes  No

1. If Yes, provide name of court: \_\_\_\_\_ Full Case Number: \_\_\_\_\_

2. Have your concerns been raised with the court?  Yes  No

3. If Yes, provide date and the outcome: \_\_\_\_\_

If your grievance is against a lawyer, describe your relationship to the lawyer who is the subject of your grievance:

- Client  Opposing Counsel  Opposing Party  
 Former Client  Judge  Other: \_\_\_\_\_

If a client or former client, provide the following:

1. Date representation began: \_\_\_\_\_

2. Did you pay this attorney?  Yes  No

If Yes, how much: \_\_\_\_\_

3. Did you sign a written fee agreement?  Yes  No

If Yes, please attach a copy of the signed fee agreement.

4. Has the attorney sued you for fees?  Yes  No

5. Does the attorney still represent you?  Yes  No

6. Is the matter ongoing?  Yes  No

7. Date of last contact with the attorney: \_\_\_\_\_

If you have obtained new counsel, please provide:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**WHAT ACTION OR RESOLUTION ARE YOU SEEKING FROM THIS OFFICE?**

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**WITNESSES**

Please provide name(s) and reliable contact information for any necessary witness(es).

Name	Address	Phone
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