#### OFFICE OF DISCIPLINARY COUNSEL THE SUPREME COURT OF OHIO

#### **INSTRUCTIONS**

The Office of Disciplinary Counsel investigates allegations of unethical conduct against attorneys and judges, and allegations that an individual or entity has engaged in the unauthorized practice of law ("UPL"). Please understand that our office has no jurisdiction over and cannot involve itself in the legal merits of your case. The disciplinary process will not affect court decisions made in your case. Disciplinary Counsel cannot give legal advice.

**SUBMISSION BY US MAIL:** If you are submitting this form via US mail, the form must be completed and signed. Unsigned grievances will be returned. You may attach additional sheets of paper, if necessary, in order to complete the "Facts of the Grievance" portion of the form. If you wish to file a grievance against more than one attorney or judge, please use one form per attorney or judge. You may make additional copies of the form and you may enclose all forms in one envelope. Please complete the form in black ink only and do **not** use pencil, write in between the lines or in the margins of the form, affix post-it notes or stickers to the form, or use staples. If you include documentation with your grievance, send copies only. **PLEASE DO NOT SEND ORIGINALS.** If additional pages are needed, please use only 8 ½ x 11" size paper. After you have legibly completed the form, please sign and date the form.

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

The attorney or judge against whom you are filing your grievance is entitled to receive a copy of your grievance and **may** be asked to respond to your allegations. Your grievance may result in your attorney withdrawing from your case. Disciplinary Counsel cannot prevent an attorney from withdrawing from representation.

Once received, please allow up to 90 days to review and respond to your grievance. During that time, we will advise you if we dismiss your grievance or open the matter for investigation. We may or may not contact you by mail or telephone to provide additional information. We will only respond to inquiries from the person(s) who completed the form.

## **The Grievance Process**

A grievance sent to the Disciplinary Counsel or a local bar association's certified grievance committee will be reviewed to determine whether the grievance alleges a violation of the Ohio Rules of Professional Conduct or the Code of Judicial Conduct. If there is evidence supporting a violation, the grievance will be investigated. Our office makes every effort to ensure grievances are processed, investigated, and resolved in a timely matter. Depending on the circumstances of your grievance, it could take up to one year to investigate your grievance. Following the investigation, if substantial, credible evidence of a violation exists, a formal complaint may be filed with the Board of Professional Conduct. A three-member panel of the Board will review the complaint and determine whether probable cause exists to certify it. If the complaint is certified by the Board, a hearing may be held before a different three-member panel of the Board. The panel considers the evidence and makes a recommendation to the entire Board. The Board then makes a recommendation to the Supreme Court of Ohio. The Court has the final say on whether to discipline an attorney or judge and what sanction should be imposed. A grievance is confidential until the Board certifies it as a formal complaint. A grievance or complaint can be dismissed at any point in the process. **Please keep this page for your records.** 

|                              |                        |                                   | <b>Grievance Form</b>    |                     |                                       |
|------------------------------|------------------------|-----------------------------------|--------------------------|---------------------|---------------------------------------|
| Ms                           | Mrs Mis                | ss Mr                             | Mx                       | -                   |                                       |
| YOUR NAME                    | E:                     |                                   |                          |                     |                                       |
| PERMANEN                     | Last<br>T              |                                   | First                    | MI                  | Phone No.                             |
| ADDRESS:                     |                        |                                   |                          |                     |                                       |
|                              | Street                 |                                   |                          |                     | Email Address                         |
| City                         |                        | County                            |                          | State               | Zip Code                              |
|                              |                        | PLAINING?                         |                          |                     |                                       |
|                              | (P                     | lease check)                      | ATTORNEY or              | JUDGE or            | UPL                                   |
| NAME:                        |                        |                                   |                          |                     |                                       |
|                              | Last                   |                                   | First                    | MI                  | Phone No.                             |
| ADDRESS:                     | Street                 |                                   |                          |                     |                                       |
| City                         |                        | County                            |                          | State               | Zip Code                              |
| Have you filed               | l this grievance with  | any other agend                   | cy or bar association?   | Yes                 | No                                    |
| If yes, provide              | e name of that agency  | and date of fili                  | ng:                      |                     | date:                                 |
| Did you receiv               | e a response?:         | _Yes                              | No IF YES,               | PLEASE ATTAC        | СН А СОРУ                             |
| Did this attorn              | ney represent you? _   | Yes                               | No Type of c             | case:               |                                       |
| Date the attor               | ney was hired:         | · · · · · · · · · · · · · · · · · | Does s/he still rep      | oresent you?:       | YesNo                                 |
| Did you pay th               | he attorney a fee/reta | iner?                             | Yes No                   | If yes, how         | much?:                                |
| Did you sign a               | written fee agreeme    | nt/contract? _                    | YesNo                    | IF YES, P           | LEASE ATTACH A COPY                   |
| Has the attorn               | ney sued you for fees  | ? Yes                             | No                       |                     |                                       |
| Have you brow                | ught civil or criminal | court action ag                   | ainst this attorney or j | judge?              | YesNo                                 |
| If yes, provide              | e name of court and c  | ase number                        |                          |                     | · · · · · · · · · · · · · · · · · · · |
|                              |                        |                                   |                          |                     |                                       |
| Name and cor<br>complaining: | ntact information for  | • attorney curre                  | ently representing you   | , if different than | attorney about whom you are           |
| Does this griev              | vance involve a case 1 | that is still pend                | ing before a court?      | Yes                 | No                                    |
| -                            |                        | -                                 | -                        |                     |                                       |
|                              |                        |                                   |                          |                     |                                       |
|                              |                        |                                   |                          |                     |                                       |

## WITNESSES:

List the name, address, and daytime telephone number of persons who can provide information, IF NECESSARY, in support of your grievance.

| NAME | ADDRESS | PHONE NO. |
|------|---------|-----------|
|      |         |           |
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# FACTS OF THE GRIEVANCE

Briefly explain the facts of your grievance in chronological order, including dates and a description of the conduct committed by this legal professional. Attach copies (DO NOT SEND ORIGINALS) of any correspondence and documents that support your grievance.

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If submitting this grievance by US mail, you MUST sign below. WE WILL NOT PROCESS AN UNSIGNED GRIEVANCE.