

PRELIMINARY INQUIRY

(IF MORE THAN ONE ATTORNEY IS INVOLVED, FILE SEPARATE INQUIRY FORMS AGAINST EACH)

TO: **Committee on Professional Standards**
40 Steuben Street, Suite 502
Albany, New York 12207

Date: _____

I, _____
(PRINT NAME ABOVE)

HOME PHONE # _____

WORK PHONE # _____

Street Address _____

City, State ZIP _____

am aggrieved by the following acts of _____
(PRINT ATTORNEY'S FULL NAME)

(PRINT ATTORNEY'S OFFICE ADDRESS)

(Please indicate below the exact aggrieved acts and explain in detail all facts, dates, and events which are relevant. Continue on next page, if necessary.)

1. Have you filed a complaint concerning this matter with another bar association, state attorney general's office or any other agency?: _____ If so, please provide:

Name of Agency _____

Action Taken by Agency _____

2. Have you brought a civil action against this attorney? _____

Name of Court: _____

Result: _____

(SIGN YOUR FULL NAME)

Continue exact aggrieved acts and explain in detail all facts, dates, and events, from page one.