COMPLAINT FORM

TO: Attorney Grievance Committee
Third Judicial Department
286 Washington Avenue Extension, Suite 200
Albany, NY 12203-6320

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Complainant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

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(IF MORE THAN ONE ATTORNEY IS INVOLVED, FILE A SEPARATE COMPLAINT FORM FOR EACH)

Attorney's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Email: _____

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1. Have you filed a complaint concerning this matter with another attorney grievance committee, state attorney general's office or any other agency? Yes (☐) No (☐)
   If yes, please provide:
   Name of Agency: _____

   Action Taken by Agency: _____

2. Have you brought a civil action against this attorney? Yes (☐) No (☐)
   If yes, please provide:
   Name of Court: _____

   Result: _____

3. Are you represented by an attorney? Yes (☐) No (☐)

   If yes, please provide:

   Attorney's name: _____

   Office Phone: (____) _____

4. Are you an attorney? Yes (☐) No (☐)

(Below and/or on other additional sheets of paper, please provide an explanation of the legal services the attorney agreed to provide and an explanation of the specific conduct of the attorney that you believe was improper. Please include important dates and attach copies of any relevant documentation, including copies of retainer agreements and copies of letters, which will support your allegations against the attorney or the firm and which will help us to understand your complaint.)

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_____ _____

(SIGN YOUR FULL NAME) (DATE)

**********IMPORTANT**********

THE COMMITTEEE WILL **NOT** ACCEPT EMAILED OR FAXED COMPLAINT FORMS.

AN **ORIGINAL** SIGNATURE IS REQUIRED.

PLEASE DO **NOT** SEND ORIGINAL DOCUMENTS.

SEND **COPIES** OF ORIGINAL DOCUMENTS.