(Rev. 7.30.2020)

ATTORNEY GRIEVANCE COMMITTEE
Supreme Court, Appellate Division
First Judicial Department
180 Maiden Lane, 17th Floor
New York, New York 10038
(212) 401-0800

JORGE DOPICO
Chief Attorney

Email Complaint and Attachments to: AD1-AGC-newcomplaints@nycourts.gov. In addition, please send **one copy** of your complaint and attachments **by regular mail** to the above address. (If you do not have a personal email account, please send two (2) complete sets of your complaint and all attachments. There may be a delay in processing your matter if it is not emailed. Please **do not** include any original documents because we are unable to return them.)

Background Information

Today's Date:

Your Full Name: (Mr. Ms. Mrs.)

Address:

City: State: Zip Code:

Cell Phone: Business/Home Phone:

Email Address:

Are you represented by a lawyer regarding this complaint? Yes ☐ No ☐ If Yes:

Lawyer's Name:

Address:

City: State: Zip Code:

Business Phone: Cell Phone:

Attorney Information

Full Name of Attorney Complained of: (Mr. Ms. Mrs.)

Address:

City: State: Zip Code:

Business Phone: Cell Phone:

Email Address:

Date(s) of Representation/Incident:

Have you filed a civil or criminal complaint against this attorney? Yes ☐ No ☐ If Yes:

If yes, name of case (if applicable):

Name of Court:

Index Number of Case (if known):

Have you filed a complaint concerning this matter with another Grievance Committee, Bar Association, District Attorney's Office, or any other agency? Yes ☐ No ☐

If yes, name of agency:

Action taken by agency, if any:

Details of Complaint

Please describe the alleged misconduct in as much detail as possible including what happened, where and when, the names of any witnesses, what was said, and in what tone of voice, etc. Use additional sheets if necessary.

Complainant's Signature (Required):