WAYNE COUNTY BAR ASSOCIATION
GRIEVANCE COMPLAINT FORM

#_____
(Do not write in this space)

GENERAL INFORMATION:

This form is supplied to you for the purpose of filing a complaint against an attorney who resides in Wayne County, Ohio. Please complete the same and return it by mail to the address below. Consideration of the complaint cannot be commenced until this form has been properly completed and received by the Certified Grievance Committee of the Wayne County Bar Association. When completed, mail this form to:

Chairman, Certified Grievance Committee
Wayne County Bar Association
P.O. Box 353
Wooster, Ohio 44691

NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON OR PERSONS MAKING THIS COMPLAINT:

_____	_____
NAME	NAME
_____	_____
ADDRESS	ADDRESS
_____	_____
PHONE: (_____)_____	PHONE: (_____) _____

NAME & ADDRESS OF ATTORNEY WHO IS THE SUBJECT OF THIS COMPLAINT:

_____	_____
NAME	ADDRESS
	_____

WAIVER OF PRIVILEGE AS TO COMMUNICATIONS BETWEEN ATTORNEY AND CLIENT

In order for the committee to make a complete investigation, the client involved in the controversy must sign below indicating an express waiver of the attorney-client privilege against disclosure of confidential information communicated to the attorney involved in the matters covered in the complaint. If more than one client is involved (such as husband and wife), then each must sign the waiver.

_____
Client

_____
Client

_____
Client

Statement of Complaint: Please supply the information requested below. If you need additional space, please use the extra sheet.

YOU MUST DATE AND SIGN YOUR NAME ON THE BOTTOM OF THIS FORM.

1. Nature of services to be rendered by the attorney: _____
_____
_____
_____

2. What did the attorney agree to do for you? _____
_____
_____
_____

3. Dates of conferences with attorney: _____
_____
_____
_____

4. Nature of your complaint: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. Name and address of other persons having knowledge of this matter: _____
_____
_____
_____

DATE: _____, 20___

_____
Signature of Complainant

_____
Signature of Complainant
(if more than one)