



STARK COUNTY BAR ASSOCIATION GRIEVANCE FORM

116 Cleveland Ave. N.W., Canton, Ohio 44702 | Phone: 330.453.0685 | Email: ethics@starkctybar.com

PLEASE:

- Use a separate form for each attorney if your grievance involves more than one attorney.
- Type or write legibly and only on one side of the paper. This form may be submitted by mail or email.
- Provide **your** address / phone number / email address below.
- NOTICE: You have the right to file your grievance with Ohio Disciplinary Counsel instead of the Stark County Bar Association. Their address is 65 East State St., Suite 1510, Columbus, Ohio 43215.

SCBA Use

Only Recv. _____

Case # _____

INFORMATION ABOUT YOU:

Your Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Other: _____

E-mail: Home: _____ Work: _____

Best time/place to contact you: _____

INFORMATION ABOUT THE ATTORNEY:

Attorney's Name: _____ Firm: _____

Street: _____

City: _____ State: _____ Zip: _____

Office Phone(s): _____ E-mail: _____

INFORMATION ABOUT THE LEGAL MATTER:

What kind of legal matter is/was this?

Divorce/Custody Bankruptcy Personal Injury Probate Criminal Tax

Landlord/Tenant Employment Other (specify) _____

Whom did the attorney represent?

You: If so, approx. when did the representation begin: _____ end: _____

A relative or friend: If so, whom: _____ Contact Info.: _____

An opposing party: If so, whom: _____ Contact Info.: _____

What fees have been paid to the attorney? \$ _____ When: _____ Have receipts? _____

What fees are still claimed by attorney? \$ _____ Have you received bills? _____

