

**ATTORNEY GRIEVANCE COMMISSION OF MARYLAND
ATTORNEY COMPLAINT FORM**

Please read the instructions included with this form before filing a complaint.

Please mail to: Office of Bar Counsel, Attorney Grievance Commission of Maryland
200 Harry S. Truman Parkway, Suite 300, Annapolis, MD 21401

(1) Your contact information: Mr. Mrs. Ms. Doctor Honorable

First Middle Last

Street

City County State Zip Code

Email address

Home phone Cell phone Work phone

(2) Attorney against whom you wish to file a complaint:

First Middle Last

Street

City County State Zip Code

Email address

Work phone Cell phone

(3) Did you employ the attorney? Yes _____ No _____

If yes, give the approximate date you employed the attorney: _____

If yes, please enclose a copy of any retainer agreement with this form.

If yes, state the amount(s) paid to him or her and the date(s) of payment:

Amount(s) paid: _____

Date(s) paid: _____

- (4) **If your answer to No. 3 above is “No”, what is your connection with the attorney? Please explain briefly.**

- (5) **Include with this form (on a separate piece of paper if necessary) a statement of what the attorney did or did not do that is the basis of your complaint. Please state the facts as you understand them. Do not include opinions or arguments. If you employed the attorney, state what you employed the attorney to do. Sign and date each separate piece of paper. Additional information may be requested.**

- (6) **If you have made a complaint about this same matter to any official or agency, state the (their) name(s), and the approximate date you reported it:**

- (7) **If your complaint is about a lawsuit, please provide the following information:**

_____	_____
Name of Court	Title of Case
_____	_____
Case Number	Date Case was Filed

(8) **If you are or have been represented by any other attorney with regard to this matter, state the name, address and telephone number of the other attorney:**

(9) **Translation information:** Not applicable ____

If you require translation services in order to process your complaint, it may delay our communications with you. Is someone available to provide translation assistance for you so that we may communicate with you in English? Yes _____ No _____

If "No," state the language in which you need translation services: _____

(10) **Have you read the instructions for filing this complaint and the Frequently Asked Questions? Yes _____ No _____**

Signature: _____

Date: _____