

State of Michigan
Attorney Grievance Commission
 535 Griswold, Suite 1700
 Detroit, MI 48226
REQUEST FOR INVESTIGATION (R/I) FORM

Please fill out the entire form in ink – sign at the bottom – and provide a copy of any relevant information. In order to expedite the processing of your complaint, please provide 2 copies of any supporting documents.

Attorney information:

Name (one attorney per R/I form):		
Address (number and street):		
City:	State:	Zip Code:
Area code and Telephone Number:	Date attorney was hired/appointed:	
Type of case (divorce, criminal, estate, etc):		
Name of court:	Case #:	
Is this your first complaint to this office about this attorney?	Date of previous complaint (if applicable):	
<p>STATEMENT OF FACTS (Please provide details. You may attach additional pages.)</p>		

I request the Attorney Grievance Commission investigate the above attorney:

Your Name – print in ink:		Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Your Signature – in ink:			Date:	
Address (number and street):				
City:	State:	Zip Code:		
Area code and Telephone number:				

(AGC RI Form rev. May 31, 2011.)

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