## ATTORNEY GRIEVANCE COMMISSION OF MARYLAND

## Return Form to: Attorney Grievance Commission of Maryland Phone: 410-514-7051 (Annapolis-Baltimore) 100 Community Place (Toll Free in MD 800-492-1660) Suite 3301 Crownsville, MD 21032-2027 (Date) 1. Your Name: Mr. □ Mrs. □ Ms. □ Miss □ Doctor \_\_ P[}[¦æà|^ (First) (Middle) (Last) (Street) (City) (County) (State) (Zip Code) Telephone Number(s): Business: \_ Home: \_ 2. Attorney against whom you wish to file a complaint: (Full Name) (Address) Telephone Number(s): \_\_\_ 3. Did you employ the attorney? Yes □ No □ If yes, give the approximate date you employed the attorney and the amount, if any, paid to him \(\hat{1} \hat{A} \delta \delta \text{E} (Amount Paid) \_\_\_ (Date) \_ 4. If your answer to No. 3 above is "No", what is your connection with the attorney? 5. Nature of complaint against the attorney (state in full detail: use separate piece of paper, if necessary). If you employed the attorney, state what you employed him/her to do. Further 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 law suit, please furnish the following information, if available: \_ Title of Suit Name of Court \_ \_ Approximate Date Suit was filed \_ Number of Suit 8. If you are or have been represented by any other attorney with regard to this matter, state the name and address of the other attorney: Signature: \_ (MUST be signed)

Revised €J/15/20F€