

**OFFICE OF LAWYER REGULATION
GRIEVANCE FORM**

You cannot save this form or submit it on-line. Please fill it out, print it, sign it and mail to the address below.

I hereby request investigation on the basis of the following:

Attorney's name:		Your name:	
Attorney's Street Address:		Your Street Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Area Code/Telephone:		Area Code/Telephone:	
Was this your attorney?	<input type="checkbox"/> Yes	Date Attorney was hired:	Date(s) or time period when conduct occurred:
	<input type="checkbox"/> No		
If no, whose?			

STATEMENT OF FACTS: Describe specifically, and in chronological order, what the attorney did or failed to do, that you believe was unprofessional. Be sure to include dates. When you are finished, scroll down to page 2.

What services was the attorney hired to provide?

If the representation concerned a lawsuit, give the name of the case and identify the court in which it was filed.

What witnesses, if any, are available to support your allegations? Provide their names, addresses and phone numbers and a brief description of the information they have.

What documents, if any, support your allegations? **Submit with your grievance copies of any such documents in your possession.**

The Wisconsin Supreme Court requires that this agency conduct all grievance investigations in confidence.

I understand that a copy of this grievance and all documents attached hereto will be sent to the attorney who is the focus of this grievance.

I certify that all information submitted herewith is true and correct to the best of my knowledge.

Signature _____

Date _____

**THIS FORM CANNOT BE SUBMITTED ONLINE.
YOU MUST PRINT IT, SIGN IT AND MAIL IT TO:**

OFFICE OF LAWYER REGULATION

110 East Main Street, Room 315

Madison, WI 53703-3383

(877) 315-6941 (toll free) or 608-267-7274

For more information regarding the Office of Lawyer Regulation, see our website at www.wicourts.gov/olr