## ATTORNEY GRIEVANCE FORM Alaska Bar Association

			ABA Fil		20 3A Use O	D only)	
Your Name							
Mailing Ado	lress						
City	State	ZIP					
Phone Num	ber (Daytime)					ABA Da	te Rec'd Stan
Attorney's I							
Mailing Add	lress						
City	State	ZIP					
Phone Num	ber (Daytime)						
I am the:	(check one)						
a. Client							
b. Oppos	ing party						
c. Oppos	ing attorney						
d. Judici	al officer						
e Anothe	er person witl	h knowl	ledge of	attornes	z's conc	luct	

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a.	I hired this attorney on:	(Date)
	in	
	(City)	(State)
b.	I asked this attorney to perfor	m the following legal services
c.	I signed a written fee agreeme (If yes, please attach a copy)	nt: (check one) YES NO
d.	This grievance is related to the	e following court case:

## 5. **IF YOU ARE SOMEONE OTHER THAN THE CLIENT:**

a. I was (or am) involved in the following legal or other matter with this attorney:

		on: in (Date)	(City) (State)
	c.	,	o the following court case:
		(Case Name)	(Case Number)
6.	<b>O</b> Ple	ase be as clear and concise as p	hings this attorney did or didn't do: ossible.  To not write on the back side of this form.
7.		<u>ession</u> which help explain t	ourt papers or other documents <u>in my</u> his complaint: hed) (Attach additional pages if needed)
	1.		5.
	2.		6.
	3.		7.
	4.		8.
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My first contact with this attorney in this matter was

b.

8.	my possess	<u>sion</u> which h	ielp explain tl	rt papers or other documents <u>not in</u> nis complaint: (Attach additional pages if needed)
	1.			5.
	2.			6.
	3.			7.
	4.			8.
9.		ng persons l h additional pa		tion concerning this grievance:
	Name			
	Mailing Addr	ress		
	City	State	ZIP	
	Phone Numb	er (Daytime)		
	This perso	n can provid	e the followin	g information:

Name							
Mailin	g Address						
City	State	ZIP					
Phone	Number (Daytim	ne)					
This 1	person can pro	ovide the foll	owing i	nforma	tion:		
IF V	NI APE A CI II	FNT ∩D DFI	oson i	<b>F</b> CALL	V ORI	IGATE	ነቦ ጥር ይል
	OU ARE A CLI ATTORNEY:	ENT OR PEI	RSON I	ÆGALL	у ові	JGATE	ED TO PA
THE a.	ATTORNEY:	a Petition Fo					
THE a.	<b>ATTORNEY:</b> I have filed a	a Petition For <u>YES</u>	r Arbitı <u>NO</u>	ation O	f Fee I	Dispute	concern
THE a.	ATTORNEY:  I have filed aney: (check one)	a Petition For <u>YES</u> (Date)  civil law suit	r Arbitr <u>NO</u>	ation O ABA No	of Fee I	Dispute	concern

11. I understand that, under the Alaska Bar Rules adopted by the Alaska Supreme Court, I and other persons contacted during the course of a grievance investigation have a duty to maintain the confidentiality of the investigation prior to the initiation of formal proceedings.

I also understand that it will be regarded as a contempt of the Supreme Court to breach this confidentiality in any way; although I also understand it is not a breach of confidentiality for me or a person contacted to consult with an attorney.

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- 12. I have made a copy of this Attorney Grievance Form and any attachments for my own use.
- 13. I have received a copy of the pamphlet "Ethical Grievances Against Attorneys" which provides answers to common questions about the attorney discipline process. If I have other questions, I may contact the Bar Association.
- 14. PLEASE RETURN THIS ATTORNEY GRIEVANCE FORM AND ATTACHMENTS TO:

Bar Counsel Alaska Bar Association P.O. Box 100279 Anchorage, AK 99510-0279

15. PLEASE DATE AND SIGN THIS ATTORNEY GRIEVANCE FORM BELOW. GRIEVANCES WHICH ARE NOT SIGNED OR ARE UNCLEAR OR INCOMPLETE WILL BE RETURNED FOR APPROPRIATE COMPLETION.

## **VERIFICATION**

I have reviewed this Attorney Grievance Form and the information I have provided is true and correct to the best of my knowledge and belief.

DATE:	SIGNED:
	Complainant *

\*PLEASE SUBMIT YOUR ORIGINAL ATTORNEY GRIEVANCE FORM WITH YOUR ORIGINAL SIGNATURE.

THE ALASKA BAR ASSOCIATION CANNOT ACCEPT A COPY OR FAX OF YOUR ATTORNEY GRIEVANCE FORM.

PLEASE KEEP A COPY OF EVERYTHING YOU SUBMIT TO OUR OFFICE FOR YOURSELF.