You can print this form and fill out by hand or typewriter OR you can type directly into the form if you have Adobe Acrobat Reader 5.0 or higher. Click on the (Date) field and begin typing using the Tab key to move thru the fields. Print & mail the form to the Commission.

ATTORNEY GRIEVANCE COMMISSION OF MARYLAND

Return Form to:

Attorney Grievance Commission of Maryland
100 Community Place
Suite 3301
Crownsville, MD 21032-2027

Phone: 410-514-7051 (Annapolis-Baltimore)
(Toll Free in MD 800-492-1660)

_____
(Date)

1. Your Name: Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Doctor ☐

_____
(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.

(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:

Name of Court _____ Title of Suit _____

Number of Suit _____ Approximate Date Suit was filed _____

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 5/1/2006

RESET FORM

CAUTION! Click the RESET FORM button to clear the fields once you've printed the form.