

**OFFICE OF DISCIPLINARY COUNSEL  
THE SUPREME COURT OF OHIO**

**Joseph Caligiuri, Disciplinary Counsel**

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**INSTRUCTIONS**

The Office of Disciplinary Counsel investigates allegations of ethical misconduct against attorneys and judges. Disciplinary Counsel also investigates grievances regarding the unauthorized practice of law. Please understand that this office has no jurisdiction over and will not become involved in the legal merits of any case. The attorney disciplinary process will not affect or change court decisions made in your case. In addition, Disciplinary Counsel may not give you legal advice.

This form will assist you in filing your grievance. After you **have legibly completed the form and signed and dated the form**, please return it in the envelope provided. You may attach additional sheets of paper, if necessary, in order to complete the "Facts of the Grievance" portion of the form. If you wish to file a grievance against more than one attorney or judge, please use one form per attorney or judge. You may make additional copies of the form. You may enclose all forms in one envelope.

If you include documentation with your grievance, send **copies only**. **PLEASE DO NOT SEND ORIGINALS**.

The Rules of the Supreme Court of Ohio require that investigations be confidential. You are requested to keep confidential the fact that you are filing this grievance. Only the attorney/judge against whom you are filing your grievance may waive confidentiality. In filing a grievance against your attorney, you are waiving your attorney-client privilege.

The attorney/judge against whom you are filing your grievance will receive notice of your grievance. Those individuals are also entitled to receive a copy of your grievance and **may** be asked to respond to your allegations. Your grievance may result in your attorney withdrawing from your case. Disciplinary Counsel cannot prevent an attorney from withdrawing from representation.

Once received, it may take up to ninety (90) days for us to review and respond to your grievance. However, you will be contacted by mail within that time period to advise you whether your grievance will be investigated or dismissed. You may or may not be contacted by mail or telephone to provide additional information. This office will respond to inquiries **only** from the person(s) who complete(s) the form (is/are named as Grievant(s) under the "Your Name" portion of the form).

## **The Grievance Process**

A grievance sent to the Disciplinary Counsel of the Supreme Court of Ohio or to a local bar association's certified grievance committee will be reviewed to determine whether the grievance alleges a violation of the Ohio Rules of Professional Conduct and/or Code of Judicial Conduct. If there is evidence that supports the allegation of a violation, the grievance will be investigated. Following the investigation, if substantial, credible evidence is found that a violation has occurred, a formal complaint may be filed with the Board of Professional Conduct of The Supreme Court of Ohio. A three-member panel of the Board will review the complaint and determine whether probable cause exists to certify it. If the complaint is certified by the Board, a hearing may be held before a different three-member panel of the Board. The panel considers the evidence and makes a recommendation to the full members of the Board. The full Board then makes a recommendation to the Supreme Court of Ohio. The Court has final say on whether to discipline an attorney or judge and what sanction should be administered. A grievance is confidential until the Board certifies it as a formal complaint. A grievance or complaint can be dismissed at any point in the process.

### **Grievance Form**

**YOUR NAME:** \_\_\_\_\_  
                            **Last**                                            **First**                                            **MI**                                            **Phone No.**

**PERMANENT ADDRESS:** \_\_\_\_\_  
                            **Street**

\_\_\_\_\_  
**City**                                            **County**                                            **State**                                            **Zip Code**

**ABOUT WHOM ARE YOU COMPLAINING ?**

(Please circle) **ATTORNEY** or **JUDGE**

**NAME:** \_\_\_\_\_  
                            **Last**                                            **First**                                            **MI**                                            **Phone No.**

**ADDRESS:** \_\_\_\_\_  
                            **Street**

\_\_\_\_\_  
**City**                                            **County**                                            **State**                                            **Zip Code**

**Have you filed this grievance with any other agency or bar association?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**If yes, provide name of that agency and date of filing:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Did you receive a response?:**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**    **IF YES, PLEASE ATTACH A COPY**

**Did this attorney represent you?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**    **Type of case:** \_\_\_\_\_

Date the attorney was hired: \_\_\_\_\_ Does s/he still represent you?: \_\_\_\_ Yes \_\_\_\_ No  
Did you pay the attorney a fee/retainer? \_\_\_\_ Yes \_\_\_\_ No If yes, how much?: \_\_\_\_\_  
Did you sign a written fee agreement/contract? \_\_\_\_ Yes \_\_\_\_ No IF YES, PLEASE ATTACH A COPY  
Has the attorney sued you for fees? \_\_\_\_ Yes \_\_\_\_ No  
Have you brought civil or criminal court action against this attorney or judge? \_\_\_\_ Yes \_\_\_\_ No  
If yes, provide name of court and case number: \_\_\_\_\_  
Result of court action: \_\_\_\_\_  
Name and contact information for attorney currently representing you, if different than attorney about whom you are complaining: \_\_\_\_\_

Does this grievance involve a case that is still pending before a court? \_\_\_\_ Yes \_\_\_\_ No  
If yes, provide name of court and case number: \_\_\_\_\_  
What action or resolution are you seeking from this office? \_\_\_\_\_

**WITNESSES:**

List the name, address, and daytime telephone number of persons who can provide information, IF NECESSARY, in support of your grievance.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FACTS OF THE GRIEVANCE**

Briefly explain the facts of your grievance in chronological order, including dates and a description of the conduct committed by this legal professional. Attach COPIES (DO NOT SEND ORIGINALS) of any correspondence and documents that support your grievance.

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**The Rules of the Supreme Court of Ohio require that investigations be confidential. Please keep confidential the fact that you are submitting this grievance. The party you are filing your grievance against will receive notice of your grievance and may receive a copy of your grievance and be asked to respond to your allegations.**

**Signature**

Date \_\_\_\_\_