

FILING A GRIEVANCE WITH
THE OKLAHOMA BAR ASSOCIATION

1. By law, any grievance you want to make against an attorney must be in writing and must be signed. The Oklahoma Supreme Court has delegated to the Oklahoma Bar Association the responsibility to investigate grievances filed against attorneys when necessary.

2. From the written information and documents you submit, the Office of the General Counsel may decide:
 - A. To open an investigation,
 - B. To ask you to provide more information,
 - C. To notify you that our office can take no action.

3. If an investigation is opened, you will be notified in writing and when necessary be contacted by an investigator or attorney.

4. Our investigation is confidential. Our investigation is limited to the ethical and professional conduct of the lawyer. We cannot provide legal advice, nor can we represent you in any pending litigation. Therefore, you must protect your own legal interests.

GRIEVANCE FORM

RETURN FORM TO: Oklahoma Bar Association
ATTN: General Counsel
P.O. Box 53036
Oklahoma City, OK 73152

Your Name: Mr. _____
 Mrs. (First) (Middle) (Last)
 Ms.

(Street Address)

(City) (State) (Zip)

Telephone Number(s): Business: _____ Home: _____

Attorney against whom you wish to file a grievance:

(Name)

(Address) (City) (Zip)

Telephone Number(s): Business _____ Home: _____

1. Did you employ the attorney? Yes _____ No _____
Approximate date you employed the attorney: _____
Was there a written agreement for services? Yes _____ No _____ (If Yes, attach copy)
What, if any, was the amount paid to the attorney? _____
Date Paid: _____

2. If you did not employ the attorney, what is your connection to him/her?

3. Please furnish the following information, if available:
Name of Court/County: _____ Case Number: _____
Title of Suit: _____ vs. _____

Approximate Date case was Filed: _____

4. If you are or have been represented by any other attorney with regard to this same matter, state the name and address of the other attorney: _____

5. If you have made a grievance about this same matter to any other Official or Agency, state its (their) name(s), and the approximate date you reported it:

6. In the event a disciplinary hearing is held, would you be willing to appear and testify as a witness?
Yes _____ No _____

* * * DO NOT WRITE ON BACK OF FORM * * *

* * * DO NOT SEND ORIGINAL DOCUMENTS, PROVIDE COPIES
AS ORIGINALS CANNOT BE RETURNED * * *

