

**Clermont County Bar Association Certified  
Grievance Committee**

Information regarding you:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Name of Attorney with whom you have a complaint:

\_\_\_\_\_

Type of legal matter which caused you to see Attorney (e.g. divorce, probate, etc.)

\_\_\_\_\_

\_\_\_\_\_

Describe what was done (or not done) by the Attorney which is the basis for your complaint  
(you may attach pages if needed)

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form to the Clermont County Bar Association Certified Grievance  
Committee c/o Clermont County Law Library, 270 Main Street, Batavia, Ohio 45103