

ATTORNEY GRIEVANCE FORM
Alaska Bar Association

ABA File No. 20____D_____
(ABA Use Only)

1. _____

Your Name

Mailing Address

City State ZIP

Phone Number (Daytime)

ABA Date Rec'd Stamp

Email

2. _____

Attorney Name

Mailing Address

City State ZIP

Phone Number (Daytime)

3. I am the: (check one)

Client

Opposing party

Opposing attorney

Judicial officer

Another person with knowledge of attorney's conduct

4. **IF YOU ARE A CLIENT:**

a. I hired this attorney on: _____
(Date)
in _____
(City) (State)

b. I asked this attorney to perform the following legal services for me:

c. I signed a written fee agreement: (check one) Yes No
(If yes, please attach a copy)

d. This grievance is related to the following court case:

(Case Name) (Case Number)

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:

b. My first contact with this attorney in this matter was
on: _____ in _____.
(Date) (City) (State)

c. This grievance is related to the following court case:

(Case Name) (Case Number)

6. I complain about the following things this attorney did or didn't do:
① Please be as clear and concise as possible.
② Attach additional pages if needed ③ Do not write on the back side of this form.

7. Attached are copies of letters, court papers or other documents in my possession which help explain this complaint:
(Please list what you have attached) (Attach additional pages if needed)

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

8. The following is a list of letters, court papers or other documents not in my possession which help explain this complaint:

(Please list what you have attached) (Attach additional pages if needed)

1.

5.

2.

6.

3.

7.

4.

8.

9. The following persons have information concerning this grievance:

(Attach additional pages if needed)

Name

Mailing Address

City

State

ZIP

Phone Number (Daytime)

This person can provide the following information:

Name

Mailing Address

City State ZIP

Phone Number (Daytime)

This person can provide the following information:

10. IF YOU ARE A CLIENT OR PERSON LEGALLY OBLIGATED TO PAY THE ATTORNEY:

a. I have filed a Petition For Arbitration Of Fee Dispute concerning this attorney: (check one) Yes No

Filed: _____ ABA No: _____
(Date)

b. I have filed a civil law suit against this attorney: (check one) Yes No

Filed: _____ Case No: _____
(Date)

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.*

12. I have made a copy of this Attorney Grievance Form and any attachments for my own use.
13. I have reviewed the Bar's information on [ethical grievances against attorneys](#) which provides answers to common questions about the attorney discipline process. Yes No
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
840 K Street, Suite 100
Anchorage, AK 99501

15. **PLEASE DATE AND SIGN THIS ATTORNEY GRIEVANCE FORM BELOW. GRIEVANCES WHICH ARE NOT SIGNED, ARE UNCLEAR/ INCOMPLETE OR PRINTED DOUBLE SIDED 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. PLEASE DO NOT SUBMIT DOUBLE SIDED DOCUMENTS.**

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

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