

FILING A GRIEVANCE WITH  
THE OKLAHOMA BAR ASSOCIATION

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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 \* \* \*

GRIEVANCE FORM

7. Names and addresses of witnesses to this grievance:

A.	_____	B.	_____	C.	_____
	Name		Name		Name
	_____		_____		_____
	Address		Address		Address
	_____		_____		_____
	City		City		City
	_____		_____		_____
	State		State		State
	Zip		Zip		Zip
	( )		( )		( )
	_____		_____		_____
	Phone		Phone		Phone

8. Nature of grievance 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. Include what the attorney did or did not do. Further information may be requested.

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I hereby certify that I have read the foregoing matters and that they are true and correct to the best of my knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Your Signature

**This grievance form must be signed before it can be considered. It is imperative that you notify this office of an address change. If you are not available as a witness, your grievance may be dismissed.**