BOARD OF OVERSEERS OF THE BAR

Established by the Maine Supreme Judicial Court

97 Winthrop Street • P O Box 527 Augusta, ME 04332-0527

Phone 207-623-1121 • Fax 207-623-4175 Email: Board@mebaroverseers.org • Web: www.mebaroverseers.org

Grievance Information and Instructions – Please Read Carefully

The office of the Board of Overseers of the Bar investigates allegations of ethical misconduct against attorneys. If you believe that an attorney has acted in an unethical manner or otherwise acted improperly, please fill out, as completely as possible, the grievance form below and return it to the Board's office. Be sure to include copies of any documents, correspondence, agreements, or other papers that are relevant and material to your complaint. Your grievance complaint will be reviewed to determine whether the conduct you describe, if proven true, would violate any ethical rules. Please be aware that a copy of this complaint, and any attachments, will be provided to the attorney against whom it is filed.

The Board scans all complaints and associated attachments into its database. Please do not bind, staple, or insert tabbed dividers into any documents you submit to the Board. If you wish to identify certain documents, please insert a page before that document with an explanatory note (do not use post-it notes). Also, please do not use color-coding or highlight for reference purposes as the Board scans its documents in a black and white format. Lastly, because we do not retain paper files, please do not submit any original documents.

The Board does not provide copies of the Maine Rules of Professional Conduct or the Maine Bar Rules. You may download those rules on the Board's website at: <u>http://www.mebaroverseers.org</u>.

Attorney Grievance Complaint Form

First		Middle Initial	Last
Street			
Mailing Address			<i>Phone # ()</i>
City	State	Zip	_ Alternate Phone # _()
Email Address			-
Date of Birth		Last 4 Digits of SSN	
	Mailing Address City Email Address	Street Mailing Address City State Email Address	Street Mailing Address City State Email Address

Part A: Complainant Information

Part B: Respondent Information

	Attorney Name:						
	Attorney Address:	First		Middle Initial	Last		
		Street					
		Mailing Address					
		City	State	Zip	Phone ()		
		Email Address					
Note:		plaints may not be broug	ht in the name of a law fir n must be completed for ea		cally name the attorney abou	ıt whom y	ou are
Part	C: Please	answer the followi	ng questions:				
1.	Client (A				ng Party 🗖 Opposing A	Attorney	7
	by filing this c	omplaint, you will hereby	expressly waive your atto	orney-client privilege	the Maine Rules of Profession concerning that attorney, w and eemed relevant from that	vho will th	ien be
2.			gal action about this 1 mber and the status or out		else?	🗖 No	T Yes
3.	If yes, you sho		te a fee dispute with y or Arbitration of Fee Dispondence		y be found on the Board's	🗖 No	□ Yes
4.	Your comp	laint concerns what k	ind of legal matter, i.	e. divorce, proba	te, real estate, criminal	, etc.?	
5.		vance involves a law of court and title of	suit, please answer th	e following, if ki	nown:		
	b. Docke filed.	t number and date su	it was				
		are not a party to this	s suit, what is your co	nnection to			
		e copies of relevant court	documents.				
6.	substance a	buse or age related is	ent attorney has an im ssues? ag your personal observati	-	-	🗖 No	□ Yes

7.	Are you currently represented by the attorney you are complaining about?	🗖 No 🗖 Yes
8.	Have you obtained a new attorney for the underlying legal matter? If yes, please provide the name, address and phone number of that attorney as well as whether that new attorney knows of your intent to file this omplaint.	□ No □ Yes
9.	Prior to filing this complaint have you discussed your concerns with the attorney?	🗆 No 🗖 Yes
Part	D: Information about your grievance complaint:	
	e in detail and in chronological order the circumstances surrounding your complaint. In oximate dates if necessary.	clude dates or
	PLEASE PRINT LEGIBLY	

Prior to submitting your complaint, please be sure to make a copy of this form and attachments for your own use. Please do not send original documents; the Board cannot be responsible for their safe keeping and return to you.

I affirm and certify that all of my statements and claims in this complaint are true and correct. I understand and acknowledge that a copy of this complaint, and any attachments, will be provided to the attorney against whom this complaint is filed.

Date:	/			/	
	MM		DD		YYYY

Complainant Signature - Required