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: http://www.mebaroverseers.org.

Attorney Grievance Complaint Form Part A: Complainant Information Your Name: First Middle Initial Your Address: Street Mailing Address Phone # Alternate Phone # City ZipState Email Address Date of Birth Last 4 Digits of SSN Gender: Male Female

Part B: Respondent Information

	Attorney Name:						
	Attorney Address:	First		Middle Initial	Last		
		Street					
		Mailing Address					
		City	State	Zip	Phone ()		
		Email Address					
Note:		nplaints may not be brou	ght in the name of a law fir m must be completed for e		name the attorney abou	ut whom y	ou are
Part	C: Please	answer the follow	ing questions:				
1.	☐ Client (A		u are the: Client (Attorney Appo		Party □ Opposing A	Attorney	,
	□ Judiciai	Officer 🗖 Other	Please explain				
	Please understand that if the Respondent attorney is (or was) your personal attorney, the Maine Rules of Professional Conduct provide that by filing this complaint, you will hereby expressly waive your attorney-client privilege concerning that attorney, who will then be authorized and allowed to reveal to the Board of Overseers of the Bar any information deemed relevant from that representation						
2.			egal action about this umber and the status or ou		9?	□ No	☐ Yes
3.	If yes, you sh		ve a fee dispute with y for Arbitration of Fee Disp.org.		found on the Board's	□ No	☐ Yes
4.	Your comp	plaint concerns what	kind of legal matter, i	.e. divorce, probate, r	real estate, criminal	, etc.?	
5.	a. Name suit.	of court and title of	vsuit, please answer th	ne following, if know	n:		
	b. Docke filed.	et number and date so	uit was				
		are not a party to the	is suit, what is your co	onnection to			
		de copies of relevant cour	t documents.				
6.	substance a	abuse or age related i	lent attorney has an in issues? ing your personal observat			□ 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	
	Drive to submitting your complaint please be sure to make a copy of this form and attachments for your	000m 1450
	Prior to submitting your complaint, please be sure to make a copy of this form and attachments for your Please do not send original documents; the Board cannot be responsible for their safe keeping and retu	
ackno	rm and certify that all of my statements and claims in this complaint are true and correct. I under owledge that a copy of this complaint, and any attachments, will be provided to the attorney against is filed.	
Date	:/	
	MM DD VVVV Complainant Signature - Require	red