

# BOARD OF OVERSEERS OF THE BAR

Established by the Maine Supreme Judicial Court

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## 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. The office of Bar Counsel will review your grievance complaint to determine whether what is alleged that the attorney did or failed to do violates any ethical rules.

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

<b>Your Name:</b>	_____	_____	_____	
	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>	
<b>Your Address:</b>	_____			<input type="checkbox"/> Home ( )
	<i>Street</i>			<input type="checkbox"/> Work ( )
	_____			<input type="checkbox"/> Cell ( )
	<i>Mailing Address</i>			Other telephone number(s) and times you can be reached:
	_____	_____	_____	( )
	<i>City</i>	<i>State</i>	<i>Zip</i>	( )
	_____	_____	_____	_____
	<i>Email Address</i>			
	_____	_____	_____	
	<i>Date of Birth</i>	<i>Last 4 Digits of SSN</i>		Alternative contact:
	_____	_____		<i>Name</i> _____
	<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female			<i>Phone</i> ( ) _____

### Part B: Respondent Information

<b>Attorney Name:</b>	_____	_____	_____	
	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>	
<b>Attorney Address:</b>	_____			
	<i>Street</i>			
	_____			
	<i>Mailing Address</i>			<i>Phone</i> ( ) _____
	_____	_____	_____	
	<i>City</i>	<i>State</i>	<i>Zip</i>	
	_____	_____	_____	
	<i>Email Address</i>			
	_____			

Note: Grievance complaints may not be brought in the name of a law firm. You must specifically name the attorney about whom you are complaining. A separate grievance form must be completed for each such attorney.

**Part C: Please answer the following questions:**

1. In regards to this complaint, you are the:

Client\*  Opposing Party  Opposing Attorney  Judicial Officer  Other

\_\_\_\_\_  
*Please explain.*

*\*Please understand that if the complainant 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. Have you or a member of your family submitted a complaint about this attorney before?  Yes  No

*If yes, please state when and the outcome of your complaint.* \_\_\_\_\_

3. Have you filed a complaint or legal action about this matter anywhere else?  Yes  No

*If yes, please state where, the docket number and the status or outcome.* \_\_\_\_\_

4. Have you read the Board's pamphlet titled *The Grievance Process: Rules and Steps to Follow in the Grievance Process*?  Yes  No

5. Does your complaint also involve a fee dispute with your attorney?  Yes  No

*If yes, you should complete a Petition for Arbitration of Fee Dispute. The petition may be found on the Board's website at <http://www.mebaroverseers.org>.*

6. Please check one of the following:

- The respondent attorney was **hired** to represent me.  
 The respondent attorney was **appointed** to represent me.  
 The respondent attorney was hired to represent **someone else**.  
 Other.

\_\_\_\_\_  
*Please explain.*

7. Your complaint concerns what kind of legal matter, i.e. divorce, probate, real estate, criminal, etc.?  
\_\_\_\_\_

8. If your grievance involves a lawsuit, please answer the following, if known:

a. Name of court and title of suit. \_\_\_\_\_

b. Docket number and date suit was filed. \_\_\_\_\_

c. If you are not a party to this suit, what is your connection to it? \_\_\_\_\_

*Please provide copies of relevant court documents.*

9. Do you believe that the respondent attorney has an impairment, such as depression, substance abuse or age related issues?  Yes  No

*If yes, please provide specifics regarding your **personal** observations of the attorney's behavior.*  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you currently represented by the attorney you are complaining about?  Yes  No

11. Have you obtained a new attorney for the same legal matter?  Yes  No

*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 complaint.* \_\_\_\_\_  
\_\_\_\_\_

12. Prior to filing this complaint you have  have not  discussed your concerns with the attorney.

