

PLEASE TYPE OR PRINT CLEARLY USING INK

SEND THIS FORM TO: AD2-GRV10@nycourts.gov

**OR BY MAIL: STATE OF NEW YORK
GRIEVANCE COMMITTEE FOR THE
TENTH JUDICIAL DISTRICT
150 MOTOR PARKWAY, SUITE 102
HAUPPAUGE, NEW YORK 11788
1-631-231-3775**

Date: _____

COMPLAINANT INFORMATION:

Your Name: _____
(Last) (First) (Initial)

Address: _____
(Street) (Apt. #)

(City) (County) (State) (Zip Code)

Telephone: (Cell/Home) _____ (Business): _____

Email Address: _____

ATTORNEY COMPLAINED OF:

Name: _____
(Last) (First) (Initial)

Address: _____
(Street) (Apt. #)

(City) (County) (State) (Zip Code)

Telephone: (Business) _____ (Cell) _____

Email Address: _____

DATE YOU HIRED/RETAINED ATTORNEY (If Applicable): _____

CONTACT WITH OTHER AGENCIES

Have you contacted any other agency, such as a Bar Association or District Attorney's Office, concerning this matter? Yes No

If so, state the name of the agency: _____

What action was taken by the agency? _____

COURT ACTION TAKEN BY YOU AGAINST THE ATTORNEY

Have you taken any civil or criminal action against the attorney? Yes No

If so, please name the court and provide the index number: _____

What is the status of the action and/or what action was taken by the Court? _____

