

**PLEASE TYPE OR PRINT CLEARLY USING INK**

SEND THIS FORM TO: [AD2-GRV10@nycourts.gov](mailto:AD2-GRV10@nycourts.gov)

**OR BY MAIL: STATE OF NEW YORK  
GRIEVANCE COMMITTEE FOR THE  
TENTH JUDICIAL DISTRICT  
150 MOTOR PARKWAY, SUITE 306  
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? \_\_\_\_\_

