

## STATE BAR OF GEORGIA

## GRIEVANCE CONFIDENTIAL

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MAILING AI	Street or P.O. Box		City	State	Zip	
	L ADDRESS:		•		r	
YOUR PHON	E NUMBERS: (H/CELL)		(W)			
NAME OF TI	HE ATTORNEY:	7711				
ADDRESS OI	F THE ATTORNEY:					
DATE OF FIRS	T CONTACT WITH ATTORNEY:	DA	ATE OF LAST CONTA	CT WITH ATTORNEY:		
DOES THIS AT	TORNEY CURRENTLY REPRESENT	YOU? YES 🗆 1	NO □ WAS TH	IS YOUR ATTORNEY?	YES □ NO □	
IS YOUR CASE	E: CRIMINAL □ CIVIL □ CAS	SE#				
COUNTY:		OR FEDERA	L DISTRCIT: NORTH	ERN □ MIDDLE □ SO	UTHERN □	
CLEARLY D	ESCRIBE YOUR COMPLAINT A	ND ATTACH S	SUPPORTING DOC	CUMENTS:		
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If more space i	s needed, please attach other pages. P	Please do not wr	ite on the back.			
Return to:	State Bar of Georgia Office of the General Counsel 104 Marietta St. NW, Suite 100 Atlanta, GA 30303	The	"I affirm that I have read and understand the information and instructions. The information I have provided here is true to the best of my knowledge."  SIGNATURE:			
	PLEASE PROVIDE THE NAME AN DIFFICULTY CONTACTING YOU		MBER OF SOMEO	NE WE CAN CONTA	CT IF WE HAVE	
NAME OF CON	TTACT PERSON:					
PHONE NUM	BERS OF CONTACT PERSON: (H)			(CELL)		