



Ohio State Bar Association
Certified Grievance Committee
GRIEVANCE FORM
(Judge or Magistrate)

YOUR NAME: _____
Last First MI Phone No.

ADDRESS: _____
Street

City County State Zip Code

JUDGE'S or MAGISTRATE'S

NAME: _____
Last First MI Phone No.

ADDRESS: _____

City County State Zip Code

GRIEVANCE FILED WITH OTHER AGENCIES:

Have you filed a grievance with any other agency or bar association about this same matter?
_____ Yes _____ No

If yes, name of that agency: _____

Action taken by that agency: _____

Approximate date of action taken: _____

COURT ACTION:

Does this grievance involve a case that is currently pending before the judge or magistrate?
_____ Yes _____ No

WITNESSES:

List below the name, address and daytime telephone number of persons who can support your grievance and who have information about the facts.

Name	Address	Phone No. (daytime)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On the reverse side, explain the facts of your grievance in chronological order, including dates. Also, describe what you think is illegal or unethical conduct by this judge. (Attach additional sheets, if you wish.) Attach **COPIES** of any correspondence and documents that support your grievance. **Do not send us original papers!**

FACTS OF THE GRIEVANCE

Rules of the Supreme Court of Ohio require that investigations be **CONFIDENTIAL** and you are asked to keep **CONFIDENTIAL** the fact that you are submitting this grievance. **A copy of this grievance and any other documents submitted may be sent to the judge or magistrate so that he/she may respond to your allegations.**

THE SUPREME COURT RULES FOR THE GOVERNMENT OF THE BAR OF OHIO INDICATE THAT YOU MAY FILE YOUR GRIEVANCE WITH A CERTIFIED GRIEVANCE COMMITTEE, SUCH AS THAT OF THE OHIO STATE BAR ASSOCIATION, OR THE OFFICE OF DISCIPLINARY COUNSEL, BUT NOT BOTH. IF YOU PREFER TO FILE THIS GRIEVANCE WITH THE DISCIPLINARY COUNSEL INSTEAD OF THE OHIO STATE BAR ASSOCIATION, YOU MAY DO SO BY SENDING IT TO THE DISCIPLINARY COUNSEL: 250 CIVIC CENTER DRIVE, SUITE 325, COLUMBUS, OHIO 43215-7411.

Signature

Date

***MAIL SIGNED, COMPLETED FORM TO:**

OHIO STATE BAR ASSOCIATION
CERTIFIED GRIEVANCE COMMITTEE
CONFIDENTIAL
P O BOX 16562
COLUMBUS OH 43216-6562

FOR FURTHER INFORMATION CALL: (614) 487-2050 OR 1-800-282-6556