



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

**INFORMATION ABOUT YOU**

YOUR NAME: \_\_\_\_\_  
Last First MI Phone No.

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

**INFORMATION ABOUT JUDGE or MAGISTRATE (subject of your complaint)**

NAME: \_\_\_\_\_  
Last First MI

COURT NAME: \_\_\_\_\_

\_\_\_\_\_  
City County

**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 or on appeal?

\_\_\_\_ Yes \_\_\_\_ No

If yes, provide case number(s): \_\_\_\_\_

**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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Below, please explain the facts of your grievance in chronological order, including dates. Also, describe what you think is illegal or unethical conduct by this judge or magistrate. (Attach additional sheets, if you wish.) Attach COPIES of any correspondence and documents that support your grievance. **Do not send us original papers as they will not be returned.**

## FACTS OF THE GRIEVANCE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

By signing this form, I attest that the statements herein are true and accurate to the best of my knowledge.

Signature

Date \_\_\_\_\_

**MAIL OR EMAIL SIGNED, COMPLETED FORM TO (please choose only one method of delivery):**

OHIO STATE BAR ASSOCIATION  
CERTIFIED GRIEVANCE COMMITTEE  
**CONFIDENTIAL**  
1700 LAKE SHORE DRIVE, SUITE 100  
COLUMBUS, OH 43204

OR

GRIEVANCE@OHIOBAR.ORG

Please note:

- 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.
- You will be contacted if additional information is needed from you. You will be sent a letter informing you of the outcome of the investigation.
- The intake process may take up to 90 days. The investigation may take up to 270 days if the grievance is assigned for investigation. You will be notified if the investigation extends beyond that time.
- You may file this grievance with the OSBA or with the Office of Disciplinary Counsel (but not both). If you prefer to file this grievance with the Office of Disciplinary Counsel instead of the OSBA, you can send this completed form to: Office of Disciplinary Counsel, 65 E. State Street, Suite 1510, Columbus, Ohio 43215.
- **If your grievance is against an attorney**, please send this completed form to your local certified grievance committee or to the Office of Disciplinary Counsel.

For additional information, please visit our website at [www.ohiobar.org/public-resources/grievance/](http://www.ohiobar.org/public-resources/grievance/).

Grievance Form Rev. 2025