

BOARD OF OVERSEERS OF THE BAR

Established by the Maine Supreme Judicial Court

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GRIEVANCE COMPLAINT

Please print or type the following:

1. I _____, whose
(Name of complainant)
address is _____,
(Street address) (City)

(State) (Zip code) (Telephone number)

hereby complain as to the professional conduct of:

_____ whose address is _____
(Name of Attorney) (Street)

(City) (State) (Zip code) (Telephone number)

2. A statement of the facts giving rise to the complaint is as follows: (please print or type and attach extra sheets)

3. Prior to filing this complaint I have () have not () discussed my concerns with the attorney.

DATED: ____/____/____

Complainant Signature - REQUIRED