

GRIEVANCE AGAINST A LAWYER



Office of Disciplinary Counsel
Washington State Bar Association
1325 Fourth Avenue, Suite 600
Seattle, WA 98101-2539

GENERAL INSTRUCTIONS

- Read our information sheet [Lawyer Discipline in Washington](#) before you complete this form, particularly the section about consenting to disclosure of your grievance to the lawyer.
- If you have a disability or need assistance with filing a grievance, call us at (206) 727-8207. We will take reasonable steps to accommodate you.
- If you prefer to file online, visit <http://www.wsba.org>.

INFORMATION ABOUT YOU

Last Name, First Name, Middle Initial

Address

City, State, and Zip Code

Phone Number

Alternate Address, City, State, and Zip Code

Alternate Phone Number

Email Address

INFORMATION ABOUT THE LAWYER

Last Name, First Name

Address

City, State, and Zip Code

Phone Number

Bar Number (if known)

INFORMATION ABOUT YOUR GRIEVANCE

Describe **your** relationship to the lawyer who is the subject of your grievance:

- | | |
|---|--|
| <input type="checkbox"/> I am a client | <input type="checkbox"/> I am an opposing lawyer |
| <input type="checkbox"/> I am a former client | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I am an opposing party | |

Is there a court case related to your grievance? _____ YES _____ NO

If yes, what is the case name and file number?
