

Email to: [LLLT@wsba.org](mailto:LLLT@wsba.org)  
Or  
Mail to:  
LLLT Program Lead  
Washington State Bar  
Association  
1325 Fourth Ave, Suite 600  
Seattle, WA 98101-2539

**GENERAL INSTRUCTIONS**

- If you have a disability or need assistance with filing a grievance, call us at 206-727-8289. We will take reasonable steps to accommodate you.
- If you are having problems communicating with your legal technician, please consider contacting the LLLT Program Lead at 206-727-8289 before filing a grievance.

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court.

**Information About You**

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Mr. Ms.

Name: \_\_\_\_\_  
*First Middle Last*

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Information About the Limited License Legal Technician (LLLT)**

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*We cannot accept grievances against law firms, associations, or businesses. You must specifically name the legal technician against whom you are filing your grievance. A separate grievance form should be completed for each legal technician.*

Name: \_\_\_\_\_  
*First Middle Last*

LLLT Number (if known): \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Information About Your Grievance**

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

I am a client

I am an opposing legal practitioner

I am a former client

Other: \_\_\_\_\_

I am an opposing party

Is your grievance about conduct in a court case?      Yes      No

If yes, what is the case name, file number, and court name? *(for example, Smith v. Jones, Case No, 12-3-45678-9, King County Superior Court)*

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Please explain your grievance **in your own words**. Give all important dates, times, and places. Attach no more than 25 additional pages, including exhibits. Attach **copies (not your originals)** or any relevant documents. Please do not bind or highlight your documents. We will scan and then destroy the documents you submit. Also note that we will not accept cassette tapes, disks, flash drives, or other electronic recording with your grievance unless you provide a written transcript.

**Affirmation**

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I affirm that the information I am providing is true and accurate to the best of my knowledge. I understand that all information that I submit can be disclosed to the LLLT I am filing a grievance about and to others.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

