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**

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)**

_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: ____________________________

**GENERAL INSTRUCTIONS**

- If you have a disability or need assistance with filing a grievance, call us at 206-727-8266. We will take reasonable steps to accommodate you.
- If you are having problems communicating with your legal technician, please consider contacting us at 206-727-8289 before filing a grievance.
Information About Your Grievance

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

- I am a client
- I am a former client
- I am an opposing party
- I am an opposing legal practitioner
- Other: ____________________________________

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)

_____________________________________________________________________________________________

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

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: _____________________