

Email to: [LPO@wsba.org](mailto:LPO@wsba.org)

Or

Mail to:

**Regulatory Services  
Department**

**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 206-733-5922. We will take reasonable steps to accommodate you.
- If you are having problems communicating with an LPO, please consider contacting the Regulatory Services Department at 206-733-5922 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**

Mr. Ms.

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

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

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

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

**Information About the Limited Practice Officer (LPO)**

*We cannot accept grievances against law firms, escrow companies, title companies, or banks. You must specifically name the LPO against whom you are filing your grievance. A separate grievance form should be completed for each LPO.*

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

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

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

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

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



## Information About Your Grievance

---

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

I am a client

I am a former client

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

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 LPO I am filing a grievance about and to others.

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

