



# STATE BAR OF GEORGIA

## Office of the General Counsel

104 Marietta Street, N.W. • Suite 100 • Atlanta, Georgia 30303  
(404) 527-8720 • (800) 334-6865

### IMPORTANT INFORMATION AND INSTRUCTIONS

**Notice:** If you are having difficulty contacting your attorney or obtaining documents from your attorney, you may wish to call our **Client Assistance Program** at **(404) 527-8759**. If your problem with the lawyer is a **fee dispute**, please call the **Fee Arbitration Division** of the State Bar at **(404) 527-8750**.

**Purpose of Grievance:** All lawyers must comply with the Georgia Rules of Professional Conduct. These rules describe a lawyer's obligation to clients, the courts, and the public in professional dealings. The purpose of the grievance process is to protect the public by disciplining lawyers who violate the ethics rules. Our office cannot consider complaints against judges acting in a judicial capacity.

**Procedure:** Our office begins an investigation when a grievance form is received. If it appears that there might be a violation, then a copy of the grievance is sent to the lawyer for a response. Once the lawyer responds to your grievance, you will have a chance to review the response and rebut what the attorney said. Do not expect an immediate response from us after we receive your rebuttal. You will receive a letter from our office when we complete our investigation. If, after receipt of the response and the rebuttal, the lawyer's conduct appears to violate ethical rules, we send the grievance file to a member of the State Disciplinary Board. The Board member will formally investigate the matter and report to the full Board for a decision. If no violations are discovered, then your complaint is closed, and you will receive a written explanation of the reasons why.

**Please Note:** Please understand that the Office of the General Counsel **cannot represent you, give you any legal advice, change the outcome of a court decision, or recover money for you**. There may be times when you feel that the attorney did not represent you in the best possible way and this resulted in an unfavorable outcome. The State Bar of Georgia cannot discipline an attorney for **faulty legal advice** (malpractice), an **unsuccessful trial strategy** or **ineffective assistance of counsel**. Therefore, if you think that the lawyer did not represent you correctly or adequately, you should consult with another attorney about your rights.

If you wish to file a grievance, please complete the form, sign and date it, make a copy for yourself and **return the original with your original signature to this office. If the form is not properly completed, it may be returned for correction.** Be aware that alleging conclusions without explaining facts that support the conclusions will result in either a request for additional information or a dismissal of the grievance.

- Only list one attorney per grievance. If you wish to file grievances against multiple attorneys, you will need to submit a separate complaint for each attorney.
- Do not submit medical records or documents with social security numbers.
- Do not mail in an original of any documents as we cannot return items submitted with your grievance to you.
- Notify our office of any change in your address, email address or phone number.
- Do not send CDs, DVDs or flash drives unless requested.
- Do not bind (staple or tape) any pages of the grievance.



STATE BAR OF GEORGIA
GRIEVANCE
CONFIDENTIAL

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK ONLY
DO NOT ALTER THIS FORM

YOUR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_
Street or P.O. Box City State Zip

YOUR EMAIL ADDRESS: \_\_\_\_\_

YOUR PHONE NUMBERS: (H/CELL) \_\_\_\_\_ (W) \_\_\_\_\_

NAME OF THE ATTORNEY: \_\_\_\_\_
Fill out a separate form for each attorney. Do not list law firms.

ADDRESS OF THE ATTORNEY: \_\_\_\_\_

DATE OF FIRST CONTACT WITH ATTORNEY: \_\_\_\_\_ DATE OF LAST CONTACT WITH ATTORNEY: \_\_\_\_\_

DOES THIS ATTORNEY CURRENTLY REPRESENT YOU? YES [ ] NO [ ] WAS THIS YOUR ATTORNEY? YES [ ] NO [ ]

IS YOUR CASE: CRIMINAL [ ] CIVIL [ ] CASE # \_\_\_\_\_

COUNTY: \_\_\_\_\_ OR FEDERAL DISTRICT: NORTHERN [ ] MIDDLE [ ] SOUTHERN [ ]

CLEARLY DESCRIBE YOUR COMPLAINT AND ATTACH SUPPORTING DOCUMENTS:

Multiple horizontal lines for describing the complaint and attaching documents.

If more space is needed, please attach other pages. Please do not write on the back.

Return to: State Bar of Georgia
Office of the General Counsel
104 Marietta St. NW, Suite 100
Atlanta, GA 30303

"I affirm that I have read and understand the information and instructions.
The information I have provided here is true to the best of my knowledge."
SIGNATURE: \_\_\_\_\_
DATE: \_\_\_\_\_

OPTIONAL: PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE WE CAN CONTACT IF WE HAVE DIFFICULTY CONTACTING YOU.

NAME OF CONTACT PERSON: \_\_\_\_\_

PHONE NUMBERS OF CONTACT PERSON: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_