

**COMPLAINT AGAINST ATTORNEY**

JD-GC-6 Rev. 12-99

Before completing this form you may wish to read the pamphlet:  
ATTORNEY GRIEVANCE PROCEDURES IN CONNECTICUT

STATE OF CONNECTICUT  
**JUDICIAL BRANCH**  
www.jud.state.ct.us



**INSTRUCTIONS**

(TYPE OR PRINT)

1. Complete this form using black ink and retain a copy for your records. Please type or print neatly.
2. Attach a copy of the fee agreement, if one exists, pertaining to the complaint and all pertinent correspondence with attorney.
3. Send original and 6 copies of this form with 7 copies of any attachments to the address below.

**TO: The Statewide Bar Counsel, 287 Main St., 2nd Floor, East Hartford, CT 06118-1885**

NAME OF PERSON MAKING COMPLAINT (Complainant)	TELEPHONE NO.
---	---------------

ADDRESS OF COMPLAINANT (No., Street, Town, State, Zip)
--

NAME OF ATTORNEY COMPLAINED AGAINST	TELEPHONE NO.
-------------------------------------	---------------

PRINCIPAL OFFICE ADDRESS OF ATTORNEY COMPLAINED AGAINST (No., Street, and Town)
---

DESCRIBE YOUR RELATIONSHIP TO THE ATTORNEY WHO IS THE SUBJECT OF YOUR COMPLAINT (Check One):	
<input type="checkbox"/> I retained/hired the attorney.	<input type="checkbox"/> Other (Please describe who the attorney represents):
<input type="checkbox"/> The court appointed the attorney to represent me.	
<input type="checkbox"/> The court appointed the attorney to represent my children.	

<b>Complete this section if applicable</b>	DATE ATTORNEY FIRST ACCEPTED YOUR CASE(S)	DOCKET NUMBER(S)	IS CASE STILL PENDING?
	NAME OF CASE(S)		<input type="checkbox"/> YES <input type="checkbox"/> NO
	DOCKET NO. AND NAME OF COURT/AGENCY FOR ANY RELATED CASE(S)		IS CASE STILL PENDING?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**NATURE OF COMPLAINT**

EXPLAIN, IN CHRONOLOGICAL ORDER, THE DETAILS OF YOUR COMPLAINT. Please type or print neatly. (If more space is necessary, attach additional sheets)

NAME(S) AND ADDRESSES OF ANY WITNESSES OR PERSONS HAVING KNOWLEDGE OF THE SUBJECT OF THE COMPLAINT

<b>Executed under penalties of false statement.</b>	SIGNED (Complainant)	DATE SIGNED
	X	

**FOR OFFICE USE ONLY**

DATE AND TIME STAMP	COMPLAINT NO.
REFERRED TO:	