



STATE BAR OF GEORGIA
GRIEVANCE
CONFIDENTIAL

YOUR NAME: Prefix: _____ First: _____ Last: _____ Suffix: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE: _____

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

STATE WHAT THE ATTORNEY HAS DONE OR HAS NOT DONE THAT CAUSES YOU TO SUBMIT THIS REPORT.

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

"I affirm that the information I have provided here is true to the best of my knowledge."

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

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: (W) _____ (H) _____

IF YOU HAVE A DISABILITY AND NEED ASSISTANCE IN THE GRIEVANCE PROCESS,
PLEASE CONTACT THE ADA COORDINATOR AT (404) 527-8720 OR (800) 334-6865.