(Rev. 7.30.2020)

ATTORNEY GRIEVANCE COMMITTEE

Supreme Court, Appellate Division First Judicial Department 180 Maiden Lane, 17th Floor New York, New York 10038 (212) 401-0800

JORGE DOPICO Chief Attorney

Background Information

Email Complaint and Attachments to: <u>AD1-AGC-newcomplaints@nycourts.gov.</u> In addition, please send **one copy** of your complaint and attachments **by regular mail** to the above address. (If you do not have a personal email account, please send two (2) complete sets of your complaint and all attachments. There may be a delay in processing your matter if it is not emailed. Please **do not** include any original documents because we are unable to return them.)

Today's Date:			
Your Full Name: (Mr. Ms. Mrs.)			
Address:			
		_ Zip Code:	
Cell Phone:	Business/Home Phone:		
Email Address:			
Are you represented by a lawyer rega			
Lawyer's Name:			
Address:			
		_ Zip Code:	
Business Phone:	Cell Phone: _		
Attorney Information			
Full Name of Attorney Complained of: (Mr. Ms. Mrs.)			
Address:			
		_ Zip Code:	
Business Phone:	Cell Phone:		

Email Address:

Date(s) of Representation/Incident:
Have you filed a civil or criminal complaint against this attorney? Yes No If Yes:
If yes, name of case (if applicable):
Name of Court:
Index Number of Case (if known):
Have you filed a complaint concerning this matter with another Grievance Committee, Bar Association, District Attorney's Office, or any other agency? Yes No
If yes, name of agency:
Action taken by agency, if any:
Details of Complaint
Please describe the alleged misconduct in as much detail as possible including what happened, where and when, the names of any witnesses, what was said, and in what tone of voice, etc. Use additional sheets if necessary.
Complainant's Signature (Required):