

Butler County Bar Association
315 Maple Avenue
Hamilton, Ohio 45011
Phone: (513) 896-6671
Fax: (513) 868-7022

GRIEVANCE INSTRUCTIONS

The Butler County Bar Association Certified Grievance Committee has been certified by the Supreme Court of Ohio to receive, investigate and prosecute allegations of ethical misconduct made against attorneys in the Butler County area. Enclosed is a form to assist you in filing your grievance. Please complete the form in a legible manner and return it to BCBA (address listed above) along with copies of any documents you feel necessary to support your grievance. **Do not send original documents.** You may use additional sheets of paper to complete the Facts of the Grievance portion of the form. You may or may not be contacted to provide additional information. **Be sure to sign and date the form.** Once we receive the completed grievance form, we will review the matter as quickly as possible. You will receive notification of the status of your case by mail.

The Rules of the Supreme Court of Ohio require that investigations be confidential, and you are asked to keep confidential the fact that you are submitting this grievance. Only the attorney under investigation may waive confidentiality. **The party you are filing your grievance against will receive notice of your grievance and may receive a copy of your grievance and be asked to respond to your allegations.** The filing of a grievance may result in your attorney withdrawing from your case. We cannot prevent this. Please also be advised that in filing a grievance against your attorney, you are waiving the attorney-client privilege. Additionally, this office has no jurisdiction to become involved in the merits of any case. **The attorney disciplinary process will not affect or change court decisions made in your case. We do not have authority to change any decision by a**

court of law, or to interfere with ongoing court proceedings. The Butler County Bar Association does not represent you, and cannot provide you with legal advice, opinions or guidance. If you need legal advice or representation, or if you feel you may have a claim for damages caused by legal malpractice, you should contact an attorney of your choice to provide you with independent legal advice.

Please use one form for each attorney against whom you are complaining. You may copy the form if you have more than one grievance, and you may enclose all of your grievances in one envelope.

The Grievance Process

A grievance sent to us will be reviewed to determine whether the grievance alleges a violation of the Ohio Rules of Professional Conduct. If there is evidence that supports the allegations of a violation, the grievance will be investigated. You will be advised of the result of the investigation. The investigation may take several months, and may require your attendance at a hearing in order to provide testimony. Following the investigation, if substantial, credible evidence is found that a violation has occurred, a formal complaint will be filed with the Board of Commissioners on Grievances and Discipline. A three member panel of the Board will review the complaint and determine whether probable cause exists to certify the complaint. If the Complaint is certified by the Board, a hearing is then held before a different three-member panel of the Board. The panel considers the evidence and makes a recommendation to the Supreme Court of Ohio. The Court has the final say on whether to discipline an attorney and what sanction should be administered. A grievance is confidential until the Board certifies it as a formal complaint. A grievance or complaint can be dismissed at any point in the process.

Complaints against judges and magistrates should be sent to:

The Office of Disciplinary Council
250 Civic Center Drive, Suite 325
Columbus, Ohio 43215

Complaints against attorneys may be sent there also. The telephone number for the office of Disciplinary Counsel is (614)461-0256 or (800)589-5256.

**** PLEASE CONTINUE TO PAGE 4 ****

**BUTLER COUNTY BAR ASSOCIATION
STATEMENT OF GRIEVANCE AGAINST ATTORNEY**

Please type or print legibly

Your name _____

Your address _____
(Street)

(City) (State) (Zip Code)

Your phone number () _____

Name of attorney you are complaining about _____

Attorney's Address _____
(Street)

(City) (State) (Zip Code)

Attorney's Phone No. _____

Have you filed this grievance with any other agency or bar association? ____yes ____no

When filed? _____

What happened? _____

Does this grievance involve a case that is still pending before a court? ____yes ____no

Have you brought civil or criminal action against this attorney? ____yes ____no

If yes, name of that court _____

Result of court action _____

Name, address and phone number of attorney currently representing you, if different than above:

Witnesses: List the name, address and daytime telephone number of persons who can provide information, IF NECESSARY, in support of your grievance.

FACTS OF THE GRIEVANCE

Briefly explain the facts of your grievance in chronological order, including dates. Include a description of the illegal or unethical conduct committed by this legal professional. Attach copies of any correspondence or other documents that support your grievance. (Do not send originals). If you need more space, please make copies of the last page.

FACTS OF THE GRIEVANCE CONTINUED:

Signature

Date