

**SUPREME COURT, APPELLATE DIVISION
FIRST JUDICIAL DEPARTMENT
ATTORNEY GRIEVANCE COMMITTEES
61 BROADWAY, 2ND FLOOR
NEW YORK, NEW YORK 10006
(212) 401-0800**

**Jorge Dopico
Chief Attorney**

DATE: _____

ATTORNEY COMPLAINED OF:

Mr.() Ms.() Mrs.() _____
Last First Initial

Address: _____ Apt. No. _____

City State Zip Code

Telephone: Home: () _____ Office: () _____

Cell : () _____ Email Address: _____

YOUR NAME/INFORMATION (Complainant):

Mr.() Ms.() Mrs.() _____
Last First Initial

Address: _____ Apt. No. _____

City State Zip Code

Telephone: Home: () _____ Office: () _____

Cell : () _____ Email Address: _____

Complaints to other agencies:

Have you filed a complaint concerning this matter with another Bar Association, District Attorney's Office or any other agency:

If so, name of agency: _____

Action taken by agency: _____

Court action against attorney complained of:

Have you brought a civil or criminal action against this attorney? _____

If so, name of court: _____ **Index No.** _____

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1. **PLEASE SEND THE ORIGINAL PLUS ONE COPY OF YOUR COMPLAINT. PLEASE INCLUDE TWO COPIES OF YOUR SUPPORTING DOCUMENTS. DO NOT send your original supporting documents because we will not return them.**
 2. **You may copy the enclosed form as many times as you wish, or you may find it online. Our website link is: <http://www.nycourts.gov/courts/AD1/Committees&Programs/DDC/index.shtml>**

