

State of Michigan

Attorney Grievance Commission

755 W. Big Beaver Rd. Suite 2100

Troy, MI 48084

www.agcmi.org

Request for Grievance History Report

Please fill out the information in this form completely. Incomplete forms will delay the processing of your request.

Name: _____

Bar No.: P _____

Phone Number: _____ **E-mail:** _____

Address: (where you want the report sent)

Signature: _____

I would like to receive my grievance history through the email listed above:

Send the completed form to:

Attorney Grievance Commission
755 W. Big Beaver Rd. Suite 2100
Troy, MI 48084