

State of Michigan

Attorney Grievance Commission

535 Griswold St, Suite 1700

Detroit, MI 48226

www.agcmi.org

Request for Investigation Form

Instructions:

A request for investigation of an attorney must describe the alleged misconduct (including time and place), be signed by the complainant, and be filed with the Grievance Administrator. Please fill out this entire form, specifically setting forth all the facts and circumstances of the alleged misconduct. You may attach copies of supporting documents to this form. Please provide an **additional** copy of this form and all attachments upon submission.

Only one attorney may be listed in this form. If you have a complaint against more than one attorney, you must file a separate form for each attorney.

(Please Type or Print):

Attorney Information:

Full Name and P Number: _____

Address (number and street): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Complainant Information:

Mr. Ms. Dr. Hon.

Your Name: _____

Address (number and street): _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

E-mail: _____ If applicable, I will accept email service of correspondence

Date: _____

Your Signature: _____

Relationship to attorney complained of:

Client Opposing party Opposing counsel Judge Employer/Supervisor Other

If other was checked, please specify:

Date Attorney was hired/retained:

Type of Case Involved (eg: criminal, divorce, civil):

Case Number/Court where filed:

Statement of alleged misconduct: (You must make a statement of facts. You may attach as many additional pages as necessary to fully set forth all the relevant facts and circumstances surrounding your request for investigation.)