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Dear Sir/Madam:

Enclosed please find a set of Request for Investigation forms. If you wish to file a complaint against an attorney, complete and sign the forms and return them to the Attorney Grievance Commission. Please review the directions carefully. You must provide a detailed account of your complaints against the attorney and state why you feel the attorney may have engaged in professional misconduct. Unless you follow all the directions and sign your Request for Investigation form, action on your complaint may be delayed.

Once your forms are received, your complaint will be reviewed for appropriate action. You will be informed in writing of the receipt, and ultimately, the disposition of your complaint.

You should be advised that this office will not represent you in any private civil dispute which you may have with the attorney. Should you desire legal representation in order to initiate civil action against the attorney, you should consult with an attorney who can advise you of your legal rights.

In order to prevent any delays, please provide two (2) copies of the Request for Investigation form and two (2) copies of any attachments which you send to us. All other materials should be submitted in duplicate. In order to facilitate electronic scanning, please do not staple or bind your documents. If you have any questions regarding this agency's forms or procedures, please feel free to contact us.

Very truly yours,

Michael V. Goetz
Grievance Administrator

Enclosures

State of Michigan

Attorney Grievance Commission

755 W. Big Beaver Rd. - Suite 2100
Troy, MI 48084
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: _____

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.)