

GRIEVANCE FORM

PAGE ONE

RETURN FORM TO: Office of the General Counsel
Oklahoma Bar Association
P.O. Box 53036
Oklahoma City, OK 73152

Complainant Information:

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms.

First Name:  Citizens Overseeing
Police Oklahoma

Middle Name: _____

Last Name: c/o Brady List Team

Address: 2885 Sanford Ave SW, No. 21874

City: Grandville

State: MI Zip code: 49418

Date of birth: _____

Email: copok@giglio-bradylist.com

Telephone: _____

Home: _____

Business: (405) 492-7166

Mobile: _____

Attorney against whom you wish to file a grievance: (NO LAW FIRMS)

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Telephone: _____

Business: _____

Home: _____

Mobile: _____

Email: _____

1. Did you employ the attorney? Yes _____ No X

a. Approximate date you employed the attorney: _____ N/A

b. Was there a written agreement for services? Yes _____ No _____ N/A

(If yes, attach copy)

c. What, if any, was the amount paid to the attorney? _____ N/A

d. Date Paid: _____ N/A (attach proof of payment)

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AS ORIGINALS CANNOT BE RETURNED *****

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2. If you did not employ the attorney, what is your connection to him/her?

3. Please furnish the following information, if available:
a. Name of Court/County: _____
b. Case Number: _____
c. Title of Suit: _____ vs. _____

d. Approximate Date case was filed: _____
4. If you are or have been represented by any other attorney with regard to this same matter, state the name and address of the other attorney:
Name: N/A _____
Address: N/A _____
City: N/A _____
State: N/A Zip code: N/A _____
5. If you have made a grievance about this same matter to any other Official or Agency, state its (their) name(s), and the approximate date you reported it:

6. In the event a disciplinary hearing is held, would you be willing to appear and testify as a witness? Yes _____ No _____ X - Maybe

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