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: [redacted]
Middle Name: [redacted]
Last Name: [redacted]
Address: [redacted]
City: Stillwater
State: OK Zip code: 74074

Date of birth: [redacted]
Email: [redacted]@gmail.com
Telephone:
Home: _____
Business: _____
Mobile: [redacted]

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

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms.
First Name: Jeremiah
Middle Name: _____
Last Name: Gregory
Address: 711 South Husband
City: Stillwater
State: OK Zip code: 74074

Telephone:
Business: 405-377-4200
Home: _____
Mobile: _____
Email: jeremiah.b.gregory@gmail.com

1. Did you employ the attorney? Yes _____ No X
   a. Approximate date you employed the attorney: _____
   b. Was there a written agreement for services? Yes _____ No _____
      (If yes, attach copy)
   c. What, if any, was the amount paid to the attorney? _____
   d. Date Paid: _____ (attach proof of payment)

*** * * DO NOT WRITE ON BACK OF FORM * * ***

*** * * DO NOT SEND ORIGINAL DOCUMENTS, PROVIDE COPIES AS ORIGINALS CANNOT BE RETURNED * * ***

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

He Was the Payne County Assistant District Attorney.

3. Please furnish the following information, if available:
   a. Name of Court/County: Payne
   b. Case Number: No Case Was Filed
   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: _____ _____
   Address: _____
   City: _____
   State: _____ Zip code: _____

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 X No _____

*** * * DO NOT WRITE ON BACK OF FORM * * ***

*** * * DO NOT SEND ORIGINAL EXHIBITS, PROVIDE COPIES AS ORIGINALS CANNOT BE RETURNED * * ***

7. Names and addresses of witnesses to this grievance:

A.	B.	C.
John Talley		
Name	Name	Name
2300 N. Lincoln, Blvd		
Address	Address	Address
Oklahoma City		
City	City	City
OK		
State Zip	State Zip	State Zip
405-557-7304		
Telephone Number(s)	Telephone Number(s)	Telephone Number(s)
John.Talley@okhouse.gov		
Email Address	Email Address	Email Address

8. Nature of grievance against the attorney explained in full detail. **(Use a separate piece of paper if necessary).** If you employed the attorney, state what you employed him/her to do. Include what the attorney did or did not do. Further information may be requested.

Jeremiah Gregory was the Assitant District Attorney in Payne County during the time that I asked his office to look into wrongful actions against my family by the city of Stillwater and OKDHS. While employed as an Assistant District Attorney in Payne County, he knowingly represented one of the Stillwater Police Department Officers that had been specifically named when committing wrongful actions against my family. After months of expecting communication from the Assitant District Attorney's office, I received a Cease and Desist notice from Jeremiah Gregory one week after my email to the District Attorney's Office.

I hereby certify that I have read the foregoing matters and that they are true and correct to the best of my knowledge.

[redacted]
Your Signature

11-15-21
Date

This grievance form must be signed before it can be considered.
It is imperative that you notify this office of an address change.
If you are not available as a witness, your grievance may be dismissed.