

PRIVATE AND CONFIDENTIAL – DO NOT DISSEMINATE
MARYLAND RULE 19-707

ATTORNEY GRIEVANCE COMMISSION OF MARYLAND
ATTORNEY COMPLAINT FORM

Please read the instructions included with this form before filing a complaint.

(1) **Your contact information:** Mr. Mrs. Ms. Mx. Doctor Honorable

First Middle Last Preferred Pronouns

Street

City County State Zip Code

Email address(es)

Home phone Cell phone Work phone

(2) **Attorney against whom you wish to file a complaint:**

First Middle Last

Street

City County State Zip Code

Email address(s)

Work phone Cell phone

(3) **Did you hire the attorney?** Yes _____ No _____

If yes, give the approximate date you employed the attorney: _____

If yes, please enclose a copy of any retainer agreement with this form.

If yes, state the amount(s) paid to the attorney and the date(s) of payment:

Amount(s) paid: _____

Date(s) paid: _____

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- (9) **If you are or have been represented by any other attorney with regard to the matter, state the name, address and telephone number of the other attorney:**

- (10) **Do you require translation services?** Yes _____ No _____

If yes, state the language in which you need translation services: _____

If you require translation services in order to process your complaint, it may delay our communications with you. Is someone available to provide translation assistance for you so that we may communicate with you in English? Yes _____ No _____

- (11) **Have you read the instructions for filing this complaint and the Frequently Asked Questions?** Yes _____ No _____

NOTE: Our office now scans all materials, which include complaints and attorneys' responses. We ask that when you submit your complaint, please do not bind, staple, or insert tabbed dividers. If you wish to identify exhibits, please mark them in the bottom corner or insert identifiable sheets before each exhibit. Please do not place sticky notes on the documents you submit. Instead, write your remarks on a sheet of paper placed in front of the page on which you are commenting.

Signature: _____ Date: _____

Please mail or email completed Complaint Form and any attachments and enclosures to:

Office of Bar Counsel
Attorney Grievance Commission of Maryland
200 Harry S. Truman Parkway, Suite 300
Annapolis, MD 21401

complaints@agc.maryland.gov