



Ohio State Bar Association
Certified Grievance Committee
GRIEVANCE FORM
(Judge or Magistrate)

INFORMATION ABOUT YOU

YOUR NAME: _____
Last First MI Phone No.

EMAIL: _____

ADDRESS: _____
Street City State Zip

INFORMATION ABOUT JUDGE or MAGISTRATE

NAME: _____
Last First MI

COURT NAME: _____

City County

GRIEVANCE FILED WITH OTHER AGENCIES

Have you filed a grievance with any other agency or bar association about this same matter? ___ Yes ___ No

If yes, name of that agency: _____

Action taken by that agency: _____

Approximate date of action taken: _____

COURT ACTION

Does this grievance involve a case that is currently pending before the judge or magistrate or on appeal?

_____ Yes _____ No

If yes, provide case number(s): _____

WITNESSES

List below the name, address and daytime telephone number of persons who can support your grievance and who have information about the facts.

Name	Address	Phone No. (daytime)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAIL SIGNED, COMPLETED FORM TO (do not email or fax):

OHIO STATE BAR ASSOCIATION
CERTIFIED GRIEVANCE COMMITTEE
CONFIDENTIAL
P O BOX 16562
COLUMBUS OH 43216-6562

Please note:

- Rules of the Supreme Court of Ohio require that investigations be **CONFIDENTIAL** and you are asked to keep **CONFIDENTIAL** the fact that you are submitting this grievance.
- A copy of this grievance and any other documents submitted may be sent to the judge or magistrate so that he/she may respond to your allegations.
- You will be contacted if additional information is needed from you. You will be sent a letter informing you of the outcome of the investigation.
- The intake process may take up to 90 days. The investigation may take up to 270 days if the grievance is assigned for investigation. You will be notified if the investigation extends beyond that time.
- You may file this grievance with the OSBA or with the Office of Disciplinary Counsel (but not both). If you prefer to file this grievance with the Office of Disciplinary Counsel instead of the OSBA, you can send this completed form to: Office of Disciplinary Counsel, 65 E. State Street, Suite 1510, Columbus, Ohio 43215.
- **If your grievance is against an attorney**, please send this completed form to your local certified grievance committee or to the Office of Disciplinary Counsel.

For additional information, please visit our website at www.ohiobar.org/public-resources/grievance/.

Grievance Form Rev. 2021