



## Grievance Form

*Please fill out a separate form for each attorney. We prefer that all information be provided electronically through this form and attachments. If you are unable to transfer all grievance materials electronically to us, please note on this form that additional information is being mailed to our office.*

***Please give us your information so we can contact you:***

Name:

Address:

City, State, Zip:

Home Phone:

Cell Phone:

Other Phone:

Email:

Preferred method of correspondence from the Counsel for Discipline: Email \_\_\_\_\_  
Regular Mail \_\_\_\_\_

***Subject of Grievance:***

Attorney Name:

Firm Name:

Address:

City, State, Zip:

Office Phone:

Email:

**What is your specific grievance?**

*Describe what you think the attorney did that would constitute a violation of the Rules of Professional Conduct. Identify your relationship to the attorney—client, opposing counsel, etc. Give actual dates of important events. Describe the legal proceeding—identify court, case number, stage of proceeding, whether it is on appeal, etc.*

If additional space is needed, please use the blank page at the end of this document.

Did you pay money to the attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

How much money did you pay? \_\_\_\_\_

***Please describe the legal services agreement with the attorney***

Have you attempted to resolve the issue with the attorney prior to submitting your grievance? Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, please explain***

Have you filed other complaints, or a lawsuit, against this attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, please explain***

*Please tell us who you contacted. If you have hired another attorney about this matter, please provide us the name, address, phone number, and email of your attorney. Tell us what has been done regarding the other complaints or lawsuit.*

Please attach any and all documents that are relevant to your grievance.

***Related Documents:***

*Please describe the documents you are attaching. Please provide a copy of the legal services agreement. Please also attach any relevant recordings, photos and electronic data as well.*

**Disclaimer**

***The information given above is true to the best of my knowledge and belief. I authorize the Nebraska Counsel for Discipline to send this grievance form and any attached documents to the Attorney identified above and to use the information given in any manner which is determined necessary. I understand that the Nebraska Counsel for Discipline is not my private attorney and they will not substitute their judgment for that of a court.***

**Agreement Required.**

I have read and agree with the disclaimer text

To submit your grievance, save this completed form onto your computer and then email it with any attachments to [nsc.cfdcomplaints@nebraska.gov](mailto:nsc.cfdcomplaints@nebraska.gov). You will not receive a return email from the Counsel for Discipline, but, depending on your email provider, you may select "Options" and "Request a Delivery Receipt" from the email toolbar to receive a notification for your records.

You may choose instead to print this form and either send it via fax (402-471-1014) or send it via regular mail to the Counsel for Discipline at 3808 Normal Blvd., Lincoln NE 68506. ***Please only send copies of documents, as they will not be returned to you.***

*Use this space to continue your description from page 2.*