SUPREME COURT, APPELLATE DIVISION FIRST JUDICIAL DEPARTMENT ATTORNEY GRIEVANCE COMMITTEES 61 BROADWAY, 2ND FLOOR NEW YORK, NEW YORK 10006 (212) 401-0800

Jorge Dopico Chief Attorney

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	<u>COMPLAINE</u>						
Mr.() Ms.()	Mrs.()	Last	First		Initial		
		Last	FIFSt		muai		
Address:						_ Apt. No	
		City		State		Zip Code	
Telephone:	Home: <u>(</u>)		Office: ()		
	Cell : ()		Email Addr	ess:		
YOUR NAME	E/INFORMAT	TION (Complain	ant):				
Mr.() Ms.()	Mrs.()	Last					
		Last	First]	Initial	
Address:						Apt. No	
		City		State		Zip Code	
Telephone:	Home: <u>(</u>)		Office: ()		
	Cell : ()		Email Address:			
Complaints t	to other agen	cies:				**************************************	
If so, name o	of agency:						
Action taken	by agency:						
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Court action	against attor	ney complained	l of:				
Have you bro	ought a civil o	or criminal actio	on against this attorne	ey?			
If so, name o	of court:		Index No				
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- OF YOUR SUPPORTING DOCUMENTS. DO NOT send your original supporting documents because we will not return them.
- 2. You may copy the enclosed form as many times as you wish, or you may find it online. Our website link is: http://www.nycourts.gov/courts/AD1/Committees&Programs/DDC/index.shtml

3.	You may also state your allegattorney in question. PLEAS	ations in a letter. SE PRINT LEGIBI		_	ns/letters for each
attor attac	rt from the beginning and be sure trney, what happened each time you ch <u>copies</u> of all papers that you <u>REEMENT</u> that you may have sign MPLAINT AND ENCLOSURES.	to tell us why yo	ou went to the att	torney, when you ha was that the attorney	did wrong. Please
UNSI	SIGNED COMPLAINTS WILL NOT	BE PROCESSED.		Signatur	<u>e</u>