



Supreme Court of Wisconsin
OFFICE OF LAWYER REGULATION
Grievance Form

To file a grievance: Complete this form, sign and date it, and submit it via email or mail.

olr.intake@wicourts.gov

Office of Lawyer Regulation

P.O. Box 1648

Madison, WI 53701-1648

Your Information

Name		Email	
Preferred Pronouns <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs <input type="checkbox"/> Other _____			
Street Address		Daytime Phone Number	
City		Preferred method for intake staff to contact you <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
State	Zip		

Lawyer Information

Only list one lawyer per form. *We **can't** accept a grievance against a law firm, only individual lawyers.

Lawyer Name		Is/Was this your lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , Date Hired: Date Terminated: If <u>no</u> , what connection do you have to the lawyer?
Law Firm*		
Street Address		
City		
State	Zip	

Is a court case involved? ☐ Yes ☐ No If **yes**, provide the case number and county or court.

If **no**, describe the services the lawyer was to provide.

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STATEMENT OF FACTS – Attach a brief summary (no more than 2 pages) of what the lawyer did or did not do that you are concerned about. Please include dates on which events occurred.

DOCUMENTS – Provide any documents that support your grievance with this form.

Please be advised that a copy of this grievance and all attached documents will be provided to the lawyer who you are filing the grievance against.

Signature	Date
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Questions?

email **olr.intake@wicourts.gov** or call toll-free **(877) 315-6971** or **(608) 267-7274** and press “1”