



**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](mailto: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
State	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
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
Law Firm*	If <u>yes</u> , Date Hired:
Street Address	Date Terminated:
City	If <u>no</u> , what connection do you have to the lawyer?
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.

--

**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
-----------	------

**Questions?**

email [olr.intake@wicourts.gov](mailto:olr.intake@wicourts.gov)   or   call toll-free (877) 315-6971 or (608) 267-7274 and press "1"