

State of Michigan  
**Attorney Grievance Commission**  
535 Griswold St, Suite 1700  
Detroit, MI 48226  
[www.agcmi.org](http://www.agcmi.org)

**Request for Investigation Form**

Instructions:

A request for investigation of alleged misconduct of an attorney must describe the alleged misconduct (including approximate date/time, matter type, and case number), be signed by the complainant, and be filed with the Grievance Administrator. Please fill out this entire form, specifically setting forth all the facts and circumstances of the alleged misconduct. You may attach copies of supporting documents to this form. Please provide an additional copy of this form and all attachments upon submission.

Only one attorney may be listed in this form. If you have a complaint against more than one attorney, you must file a separate form for each attorney.

(Please Type or Print):

Attorney Information:

Full Name and P Number: \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complainant Information:

Mr.            Ms.            Dr.            Hon.

Your Name: \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Relationship to attorney complained of:

Client    Opposing party    Opposing counsel    Judge    Employer/Supervisor    Other

Date attorney was retained/appointed:

Have you previously filed a request for investigation with this agency about this attorney?

Yes                      No

If yes, please identify the date of previous filing.

Statement of alleged misconduct: (you may attach as many additional pages as necessary to fully set forth all the relevant facts and circumstances surrounding your request for investigation)