

ATTORNEY COMPLAINT FORM

This form should be completed by anyone wishing to make a complaint against an attorney on the Oakland County appointment roster. Submit this form to idsoc@oaklandcountymi.gov. Further details about the attorney complaint procedure can be located in the [policies and procedures for the Criminal Assignment Committee](#).

You **must** keep the following points in mind when deciding whether to file this complaint:

1. The IDSO has no affiliation with the State Bar of Michigan or the [Attorney Grievance Commission](#). If you wish to file a grievance against an attorney, you **must** go through the AGC.
2. If you are complaining about something an attorney did during a case, please make sure that the attorney was appointed by the IDSO to that case. The IDSO does not review complaints against retained attorneys, or attorneys appointed to cases not managed by the IDSO.
3. Your complaint is **not** anonymous. The named attorney will receive a copy of your complaint.
4. Only written complaints are accepted.

ATTORNEY NAME:

P-NUMBER:

DEFENDANT'S NAME:

COURT NAME AND CASE #:

YOUR NAME:

YOUR EMAIL ADDRESS:

YOUR TELEPHONE NUMBER:

*By signing below, you are certifying that all of the information you have provided to the IDSO in support of this complaint is true and accurate, and that if you were called as a witness and placed under oath, you could testify honestly to all of the facts stated in this complaint. This complaint will **not** be processed if it is not signed by you. A digital signature will be treated the same as a physical signature.*

SIGNATURE:

DATE:

Please list all of the reasons why you are filing this complaint against the attorney named above. Please be as detailed as possible and use extra pages if necessary.

Complaint Continued:

For IDSO Use

Date Received:

Preliminary Review by Chief Attorney:

Further Review by CAC (if applicable):