

**INSTRUCTIONS FOR FILLING OUT THE  
COMPLAINT AGAINST ATTORNEY  
FORM JD-GC-6**

JD-GC-6 Rev. 3-23

*This form is available  
in other language(s).*

**Read these instructions before filling out and filing the form. You may also find useful information in the pamphlet “Attorney Grievance Procedures in Connecticut,” which is available at: <http://www.jud.ct.gov/Publications/gc008.pdf>**

1. Fill out the form electronically. You can do that online at <http://www.jud.ct.gov/webforms/forms/gc006.pdf> and you can save it. If you cannot fill out the form online, then fill it out by printing in ink only. If we cannot read your complaint, it will be returned to you. Keep a copy of the complaint for your records.
2. The form must be filled out in English.
3. An original complaint form must be filed by each complainant (the person making the complaint against the attorney) and against each attorney.
4. Attach to your complaint copies of any documents that are important to prove your complaint. Do not file originals of the attachments (they will not be returned to you). Do not highlight your attachments. Do not send CDs, DVDs, thumb drives, or any solid state drive with your complaint.
5. Each complainant must file an original complaint and 6 copies of each complaint that is filed. This includes attachments. Attachments must be attached to the original and each of the copies of the complaint. Each complaint and set of attachments must be identical and put in the correct order. If the documents that are filed do not meet these requirements, they will be returned to you.
6. Do not include personal identifying information or hospital, psychiatric or medical records with your complaint. “Personal Identifying Information” is defined in Section 4-7 (a) of the Connecticut Practice Book:

Personal identifying information means an individual's date of birth; mother's maiden name; motor vehicle operator's license number; Social Security number; other government issued identification number except for juris, license, permit or other business related identification numbers that are otherwise made available to the public directly by any government agency or entity; health insurance identification number; or any financial account number, security code or personal identification number (PIN).

The use of personal identifying information and hospital, psychiatric and medical records in grievance matters is generally prohibited by the Statewide Grievance Committee and Grievance Panel Rules of Procedure:

**Rule 1(F) of the Statewide Grievance Committee Rules of Procedure:**

F. Grievance complaints filed with the Statewide Grievance Committee must be submitted on form JD-GC-6 and must contain an original and six copies. Any attachments must be properly collated and attached to the original and each copy of the complaint. Grievance complaints and their attachments must not include personal identifying information as defined by Section 4-7 (a) of the Connecticut Practice Book or another person's hospital, psychiatric or medical records. The Complainant must redact [black out parts of] the complaint and its attachments to remove any personal identifying information. A Complainant who wants to file another person's hospital, psychiatric or medical records must say in the complaint how the documents are relevant and will help prove the complaint. The proposed hospital, psychiatric or medical records accompanying the complaint must be submitted in a sealed envelope labeled “proposed hospital, psychiatric or medical records.” If the complaint is forwarded to a grievance panel for investigation under Section 2-32 (a) (1) of the Connecticut Practice Book, the grievance panel will review the statement and follow Rule 1(I) of the Grievance Panel Rules of Procedure. If the Complainant is Disciplinary Counsel, the Statewide Bar Counsel, the Statewide Grievance Committee or a reviewing committee thereof, or a Grievance Panel, then any records, including hospital, psychiatric or medical records as well as records containing personal identifying information may be included in the initial grievance complaint without an offer of proof. Materials that do not meet these requirements will be returned.

**Rule 1(H) and (I) of the Grievance Panel Rules of Procedure:**

H. Except for materials filed by Disciplinary Counsel, the Statewide Bar Counsel, the Statewide Grievance Committee or a reviewing committee thereof, or a Grievance Panel, no materials sent to the Grievance Panel investigating the complaint, including, but not limited to the complaint and the answer shall include personal identifying information as defined by Section 4-7 of the Connecticut Practice Book. The person filing any materials with personal identifying information must redact them. The Grievance Panel or its counsel may redact materials that do not follow this rule.

I. Except for materials filed by Disciplinary Counsel, the Statewide Bar Counsel, the Statewide Grievance Committee or a reviewing committee thereof, or a Grievance Panel, no materials sent to the Grievance Panel investigating the complaint, including the complaint and the answer, shall include hospital, psychiatric or medical records. If a Complainant, Respondent or Disciplinary Counsel pursuing the matter under Section 2-32 (f) of the Connecticut Practice Book want to file a hospital, psychiatric or medical record with the Grievance Panel, then the record(s) must be filed in a sealed envelope, that has the case name and number and the name of the person filing it written on the envelope. The record(s) must be accompanied by a written statement explaining how the material(s) is relevant and how it will help prove the complaint or a defense to the complaint.

(1) The Grievance Panel and its counsel will determine whether the written statement of the person who filed the hospital, psychiatric or medical record(s) establishes that the material(s) is relevant and will help prove the complaint or a defense to the complaint. If the written statement does not demonstrate why the hospital, psychiatric or medical record(s) is relevant and how it will help prove the complaint or a defense to the complaint, the record(s) will be returned to the person who filed them, and no copy will be kept as part of the Grievance Panel's record.

(2) If the written statement establishes that the hospital, psychiatric or medical record(s) is relevant and will help prove the complaint or a defense to the complaint, then the Grievance Panel will review the record(s) with its counsel in private. If upon review of the record, the Grievance Panel determines that the record(s) is not relevant despite the written statement of the person filing it, then the record(s) will be returned and no copy will be kept as part of the Grievance Panel's record.

(3) If after reviewing the record(s) in accordance with subsection (2), the Grievance Panel determines that the record(s) is relevant but more harmful or prejudicial than helpful in proving the complaint or a defense to the complaint, then the record(s) will be returned to the person who filed them, and no copy of it will be kept as part of the Grievance Panel's record. If the Grievance Panel decides that the record(s) is relevant and that it is more helpful in proving the complaint or a defense to the complaint than harmful or prejudicial, then it will become a part of the Grievance Panel record and Grievance Counsel will give a copy of it to the other participants.

Nothing in this rule prevents a Complainant, Respondent, Disciplinary Counsel or a witness from raising an objection to the use of any hospital, psychiatric or medical record.

7. In answering question 2 on the complaint form, give the name of the attorney, not a law firm who you are making the complaint against. It will help us identify the attorney named in your complaint if you give us the attorney's juris (bar identification) number. You can find an attorney's juris number at the Judicial Branch website at: <http://www.jud.ct.gov> under Attorneys.
8. In answering question 5 on the complaint form, you can look up a civil or family matter at: <http://civilinquiry.jud.ct.gov/>. You can look up a criminal matter at: <http://www.jud.ct.gov/crim.htm>.
9. If you answer "Yes" to question 8 on the complaint form, attach all bills and requests for payment from the attorney and proof of the amount you have paid. Be sure to attach to the complaint a copy of any fee agreement that you had with the attorney.
10. Remember to sign your complaint in blue ink. Unsigned complaints will be returned to you. The complaint must be signed by the Complainant or the Complainant's legal representative (for example: attorneys and those with powers of attorney). If a complaint is signed by a legal representative, attach proof of that representation to the complaint (for example: a letter of representation or signed power of attorney). Grievance Counsel do not have to provide proof of representation when filing complaints on behalf of Grievance Panels. If a complaint is filed by a parent or legal guardian on behalf of a minor child, the person named as the Complainant should be the parent or legal guardian and the complaint should be signed by the parent or legal guardian.
11. Copying and filing the complaint. If you downloaded and filled out the complaint form online, then copy the complaint and attachments only (not the instructions) 6 times. If you filled out the complaint form by hand, remove the complaint from the instructions along the perforated edge, then copy all sides of the complaint and attachments only (not the instructions) 6 times. Mail the original complaint and 6 copies to: Statewide Bar Counsel, Statewide Grievance Committee, 999 Asylum Avenue, Fifth Floor, Hartford, CT 06105.

**COMPLAINT AGAINST ATTORNEY  
(GRIEVANCE COMPLAINT)**

JD-GC-6 Rev. 3-23  
P.B. § 2-32(a)

For information on ADA accommodations, contact a court clerk or go to: [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



Read the *Instructions* for this complaint before filling it out.  
Complaints that are not filled out correctly will be returned to you.

After filling out this complaint, mail the original and 6 copies of it to:

Statewide Bar Counsel  
Statewide Grievance Committee  
999 Asylum Avenue, Fifth Floor,  
Hartford, CT 06105

**1. Complainant's (person making complaint against attorney) Information.**  
**A separate complaint form must be filled out for each Complainant.**

Name (First, Middle, Last)

Mr.  Mrs.  Ms.  (Other)

Address

Telephone number

Email address (optional)

**2. Information about the attorney you are making a complaint against. Do not name a law firm.**  
**A separate complaint form must be filled out for each attorney you are complaining about.**

Name (First, Middle, Last)

Address

Telephone number

Attorney's juris number (if known)

Email address (if known)

**3. Explain how you are connected to the attorney.**

- I hired/retained the attorney. Dates of representation: \_\_\_\_\_ to \_\_\_\_\_
- The court appointed the attorney to represent me. Date attorney was appointed by the court: \_\_\_\_\_
- The court appointed the attorney to represent my children. Date attorney was appointed by the court: \_\_\_\_\_
- The attorney represented the other side against me in a matter.
- The attorney was the prosecutor in my criminal case.
- Other (Explain): \_\_\_\_\_

**4. Have you ever filed a complaint against this attorney with the Statewide Grievance Committee?**

- Yes. Give the name and grievance number of each complaint that you have filed: \_\_\_\_\_
- No

**5. Information if your complaint is about the attorney's conduct in a lawsuit or a criminal case.**

Name of lawsuit or criminal case

Docket number

Courthouse location

Your connection to the lawsuit or criminal case (for example: plaintiff, defendant, witness)

**Do Not Write in This Area — For Statewide Bar Counsel Use Only**

File Date:

Complaint number: \_\_\_\_\_

Referred to: \_\_\_\_\_

**6. Type of legal work done by the attorney in the matter that led to this complaint. Select all that apply.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Criminal law                    | <input type="checkbox"/> Family law/Divorce           | <input type="checkbox"/> Personal injury/Wrongful death/Malpractice |
| <input type="checkbox"/> Personal real estate matter     | <input type="checkbox"/> Business or corporate matter | <input type="checkbox"/> Estate planning/Elder law/Probate          |
| <input type="checkbox"/> Workers' compensation           | <input type="checkbox"/> General civil claims         | <input type="checkbox"/> Immigration matter                         |
| <input type="checkbox"/> Arbitration or mediation        | <input type="checkbox"/> Collection matter            |   |
| <input type="checkbox"/> Other ( <i>Explain</i> ): _____ |   |   |

**7. Type of complaint. Select all that apply. You must still explain your complaint in detail in question 10.**

- |  |  |
|--|--|
| <input type="checkbox"/> Neglect, diligence or competence issues | <input type="checkbox"/> Misused funds or other property     |
| <input type="checkbox"/> Charged too high a fee                  | <input type="checkbox"/> Did not safeguard money or property |
| <input type="checkbox"/> Did not return records                  | <input type="checkbox"/> Confidentiality issues              |
| <input type="checkbox"/> Fraud or misrepresentation issues       | <input type="checkbox"/> Conflict of interest                |
| <input type="checkbox"/> Communication issues                    | <input type="checkbox"/> Did not obey a court order          |
| <input type="checkbox"/> Improper withdrawal                     | <input type="checkbox"/> Did not pay a judgment              |
| <input type="checkbox"/> Harassment                              | <input type="checkbox"/> Other ( <i>Explain</i> ): _____     |

**8. Have you paid the attorney any legal fees for the matter complained about or has any other person paid the attorney any legal fees for the matter for you?**

- Yes. Amount the attorney charged you: \_\_\_\_\_  
Amount paid to the attorney by you or by another person for you: \_\_\_\_\_
- The matter involved a contingency fee that has not been paid.
- No.

**Attach a copy of the fee agreement to this complaint.**

**9. Give a list of all witnesses that have information about your complaint. Attach additional sheets if necessary.**

Name ( <i>First, Middle, Last</i> )	Telephone number
Address	
Name ( <i>First, Middle, Last</i> )	Telephone number
Address	
Name ( <i>First, Middle, Last</i> )	Telephone number
Address	

10. Give the details of your complaint in the order that they happened. Attach additional sheets if necessary.

11. Sign and date this complaint below. Please use *blue ink*.

<b><i>Signed under penalties of false statement,</i></b>	Signature of Complainant	Date signed
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**Be sure to read paragraph 11 of the Instructions before copying and filing your complaint.**