



FEE DISPUTE COMMITTEE
FEE DISPUTE COMPLAINT FORM

(Please type or print)

Date: _____

COMPLAINANT:

Mr./Mrs.
Your Name: Miss/Ms. _____
(Last) (First) (MI) (Age)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: Home: _____ ; Work: _____
(Area Code/Number) (Area Code/Number)

Email: _____

ATTORNEY COMPLAINED OF:

Name: _____ County: _____
(Last) (First) (MI)

Office Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____
(Area Code/Number)

Email: _____

FEE AGREEMENT: Did you have a written Fee Agreement with this attorney? Yes No
If "yes", please enclose a photocopy.

PRIOR COMPLAINTS CONCERNING THIS MATTER OR THIS ATTORNEY:

Have you previously filed a complaint concerning this matter or this attorney with the Erie County Bar Association or its Fee Dispute Committee?

Yes No

If so, please identify the date and nature of your complaint and the action taken by the agency: _____

