



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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*OVER*

**PLEASE TYPE OR PRINT**

**STATEMENT OF COMPLAINT:**

(Note: Attach as many additional pages as necessary to fully set forth all of the relevant facts and circumstances surrounding your complaint. You may also include copies of any other relevant information such as bills, letters, etc.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

\* \* \* \* \*

Return this completed form to the Erie County Bar Association, attn.: Executive Director, 429 West Sixth Street, Erie, PA 16507. You will be notified as to whether a Mediation or Arbitration concerning your case will be scheduled.

(Date)

(Your Signature)