WASHINGTON STATE BAR ASSOCIATION

Regulatory Services Department

GRIEVANCE AGAINST A LIMITED PRACTICE OFFICER (LPO)

Email to: LPO@wsba.org
Or
Mail to:
Regulatory Services
Department
Washington State Bar
Association
1325 Fourth Ave, Suite 600
Seattle, WA 98101-2539

GENERAL INSTRUCTIONS

- If you have a disability or need assistance with filing a grievance, call us at 206-727-8326. We will take reasonable steps to accommodate you.
- If you are having problems communicating with an LPO, please consider contacting the Regulatory Services Department at 206-727-8326 before filing a grievance.

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court.

Information About You		
Mr. Ms.		
Name:		
First	Middle	Last
Street Address or PO Box: _		
City:	State:	Zip:
Phone Number:	Email Address: _	
Information About the L	imited Practice Officer (LPO)	
		title companies, or banks. You must specifically te grievance form should be completed for
Name:		
First	Middle	Last
LPO Number (if known):		
Street Address or PO Box: _		
City:	State:	Zip:
Phone Number:	Email Address: _	



Describe your relationship to the LPO who is the subject of your grievance:	
I am a client	
I am a former client	
Other:	
Please explain your grievance in your own words . Give all important dates, times, and places. Attach on than 25 additional pages, including exhibits. Attach copies (not your originals) or any relevant docume do not bind or highlight your documents. We will scan and then destroy the documents you submit. All we will not accept cassette tapes, disks, flash drives, or other electronic recording with your grievance provide a written transcript.	ents. Please so note tha
Affirmation	

_____ Date: _____

