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LAWYERS PROFESSIONAL LIABILITY INSURANCE

Grievance Reporting Form
Lawyers Professional Liability Insurance

Please complete this form for each grievance submitted to the Office of Lawyer Regulation (OLR) against either the law firm or any lawyer affiliated with the law firm.

Firm Name: _____

Lawyer: _____

Person making grievance: _____

OLR initial contact with lawyer: Written By phone
OLR required a response from the lawyer: Yes No
Matter is currently: Pending Resolved

If resolved, was the outcome:
 Dismissed without action Dismissed with diversion agreement
 Private reprimand Public reprimand
 Suspension for: _____ Other (Please Explain)

Allegation of person filing grievance:

Law firm/lawyer's description of the matter, the events surrounding the grievance:

The above information has been reviewed and is certified to be correct.

I understand that the information submitted on this application becomes a part of the policy for professional liability insurance and is subject to the same terms and conditions.

(signature of partner or officer of the firm)

(date)