AAAA Grievance Form

General Instructions

Please complete this form fully and accurately.

We can only accept grievances against current Fellows of the Academy. Grievances against the Academy, law firms, adoption agencies or matching programs are not accepted

If your grievance is against multiple Fellows, please complete a separate form for each Fellow.

Information About You

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

Are you fluent in English? ☐ Yes ☐ No

If no, what is your primary language? _____

Will someone be available to help you translate future correspondence during this process?
☐ Yes ☐ No
Are you an attorney or member of the judiciary? ☐ Yes ☐ No
If yes, please provide Title and contact information including address:

Information About the Fellow

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

Information About Your Grievance

Describe your relationship to the Fellow (for example: client, colleague, party to a matter involving the Fellow, etc.):

If you are a client or former client, please review the following statement and sign and date below:

I hereby expressly waive any attorney-client privilege as to the attorney, the subject of this grievance, and authorize such attorney to reveal any information in the professional relationship to the Grievance Committee of the Academy of Adoption and Assisted Reproduction Attorneys. I understand that Disciplinary Proceedings are confidential and that my identity will not be disclosed by the Grievance Committee or the Academy to the Academy membership at large or the public.

Signature: _____ Date: _____

Explanation of Grievance

Explain your grievance in as much detail as possible, including all important dates, times, and places. You may attach additional documents if needed. Please attach copies of relevant documents including a contract or retainer agreement with the Fellow.

Before completing this section, please review the definition of "Misconduct" on the instruction sheet. In your explanation, identify the specific grounds of "Misconduct" you believe occurred.

For attorneys: If you believe the Fellow's conduct violates specific ethical rules or standards (e.g. Rules of Professional Conduct, AAAA Ethics Code, etc.), please identify those below:

Additional Information

Does anyone else have firsthand information about your grievance? ☐ Yes ☐ No

If yes, please provide their name and contact information:

Have you made a complaint about this same matter to any other official, agency, or organization (including a bar complaint)? ☐ Yes ☐ No

If yes, please state the name of the entity and approximate date of report:

Certification

I certify that the statements in this grievance are true and correct to the best of my knowledge.

Signature: _____ Date: _____

THIS GRIEVANCE FORM MUST BE MAILED and/or EMAILED DIRECTLY TO:

Meryl B. Rosenberg, GRIEVANCE CHAIR
ACADEMY OF ADOPTION & ASSISTED REPRODUCTION ATTORNEYS
1004 Willowleaf Way
Potomac, MD 20854
Phone: (301) 217-0074
Email: grievances@adoptionart.org