OFFICE OF THE STATE PUBLIC DEFENDER
CLIENT COMPLAINT FORM

If you wish to make a complaint against your public defender, please complete this form and submit it to the regional deputy public defender for your area. Click here for a listing of regional offices. The regional deputy public defender will contact you in person or by telephone for further information.

Date: _____

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your Attorney's Name: _____

Your Complaint: _____

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Submit your complaint to your regional deputy public defender. Click here for a listing of regional offices.

The regional deputy will make an initial decision regarding any action to be taken and will advise you of the decision in writing.

The entire grievance policy is available at http://www.publicdefender.mt.gov/forms/pdf/110-PolicyClientGrievance.pdf