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 supervising attorney for your area. Click here for a listing of local offices. The supervisor may contact you for further information.

Date: _____

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your Email Address: _____

Your Attorney's Name: _____

Your Complaint: _____

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Submit your complaint to the supervising attorney. Here is a listing of local offices.

The supervising attorney will decide if any action will be taken and will advise you of the decision.

The entire grievance policy is available here.