Office of public Advocacy

Client Complaint Form

**If you wish to make a complaint against your attorney, please complete this form and submit it to the Supervising Assistant Public Advocate in the office in which your case is being handled. Attached is a listing of OPA offices. The Supervising Assistant Public Advocate may contact you in person or by telephone for further information if needed.**

Date:

Your Name:

Your Address:

Your Phone Number:

Your Attorney’s Name:

Your Complaint:

**Submit your complaint to your Supervising Assistant Public Advocate. Attached is a listing of OPA offices.**

The Supervising Assistant Public Advocate will make an initial decision regarding any action to be taken.