



Q Who can file a complaint?

A Anyone party to the case may provide feedback, however only the client should complete this complaint packet. The complaint process requires a release of information which only the client can submit.

Q What is the complaint process?

A When we receive a complaint about an Appellate Program defense attorney we review your complaint and attempt to resolve the complaint informally by speaking with the attorney. We may also review documents filed in the case and communications records between the client and the attorney if the attached waiver form is completed.

Q Who can I file a complaint against?

A You can file a complaint against OPD Appellate Program contract attorneys who represent clients in Divisions I, II, and III of the Washington State Court of Appeals, and the Supreme Court. For cases before other courts, please contact the appropriate local public defense agency.

Q Will my attorney know that I filed a complaint?

A Yes. We will need to speak with your attorney regarding your complaint to see if we can help resolve the issue. We will provide your attorney with a copy of the complaint so your attorney will be able to understand your concern.

Q Why can't a complaint be anonymous?

A Complaints that do not include the name of the person and circumstances involved are difficult to resolve. The complaint process requires the informed consent and authorization for release of your protected information.

Q What if I want a new attorney?

A Only the court can order the assignment of a new attorney. If you want a new attorney assigned, you need to ask the appellate court in writing. Check with your attorney or the appellate court clerk's office for guidance on the procedure.

Q What do I need to know if I am thinking about submitting a complaint?

A Because OPD is a state agency, we are subject to requests for public records, which could include information related to your complaint. We will take all reasonable steps to protect your private information.



Instructions

Appellate Program

Complaint and Release of Information Form

This packet is provided in pdf format and is compatible with the Adobe Acrobat reader. The reader may be downloaded for free from the Adobe Website at <http://get.adobe.com/reader/>

Fill out the form:

- Print the packet and fill out each form using a black or blue pen.

OR,

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Use the Adobe Acrobat Reader and type in your responses. Print and save the form before exiting the reader.

Completing the form:

- Fill out the 1) complaint form and 2) the release of information.
- Sign the release of protected information form.
- Attach additional pages, if more space is needed.
- Make a copy of the completed form for your file.

Submitting the completed form:

- **By Mail**

Gideon Newmark
Appellate Program Manager
Washington State Office of Public Defense
P.O. Box 40957
Olympia, WA 98504-0957

- **By Email**

Scan the completed form and email it as an attachment to:
gideon.newmark@opd.wa.gov

Questions?

Call (360) 586-3164



Appellate Program

Client Complaint Form

Personal Information

Name: _____

Address: _____

City: _____ State/ Zip: _____

Phone: _____

Email Address: _____

Case Information

County: _____

Appellate Case No.: _____

Attorney: _____

NOTE: for discriptct and superior court cases, please contact the local public defense agency with your complaint.

Concern (Attach additional pages if needed.)

Have you tried to resolve this issue in any other way?

What do you think should happen in your case?



Appellate Program

Informed Consent and Authorization for Release of Protected Information

To: _____
Print or type your attorney's name here

I authorize the above named attorney to disclose any information regarding me, **including information protected by attorney-client privilege**, for the purpose of investigating my complaint regarding my attorney.

I understand that OPD will not publicly disclose information related to my complaint unless required to do so by law, including a valid public records request. I understand that OPD will not publicly disclose my personal identifying information such as home contact information, social security number, date of birth, driver's license number, or identification/security photographs. Also, I understand that records related to the investigation of my complaint will not be subject to public disclosure until the investigation is over.

I understand that I may revoke this authorization at any time by informing my attorney in writing that the authorization is revoked. Unless I cancel it earlier, this authorization will expire 90 days from the signature date. An electronic copy of this authorization will be considered valid in lieu of the original.

My name: _____
Print or type your name here

My signature: _____
Sign your name here

Today's date: _____