



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 should only be filed by the client.

Q What is the complaint process?

A When we receive a complaint about a Parents Representation Program defense attorney we review your complaint and attempt to resolve the complaint informally by speaking with the attorney.

Q Who can I file a complaint against?

A OPD contract attorneys representing parents in dependency and termination proceedings in Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Klickitat, Kitsap, Kittitas, Mason, Pacific, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Whatcom, Whitman, and Yakima.

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 change your attorney. You do not have the right to an appointed attorney of choice. If you want a new attorney assigned, you need to follow your county's procedure for this, which may involve asking the court in writing. Check with your attorney or 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, someone may request confidential information given to us by you or your attorney. We will take all reasonable steps to protect your private information. Any information relating to mental health, drug/alcohol., HIV/STD's is specifically protected by law and won't be disclosed by OPD.



Instructions

Parents Representation 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**

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:
opd@opd.wa.gov

Questions?

Call (360) 586-3164



Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Case Information

County: _____

Case No.: _____

Attorney: _____

Social Worker: _____

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?



Parents Representation 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 discussing my complaint or concerns regarding my attorney. The disclosure is to be made to the Washington State Office of Public Defense and is at my request. I understand that the information disclosed may include information relating to mental health diagnosis and treatment, drug and /or alcohol abuse (Per 42CFR, Part 2), or other confidential information.

I understand that this disclosed information may be potentially re-disclosed by the Office of Public Defense but that the Office of Public Defense will take all reasonable steps to keep my information confidential. **Information relating to mental health, drug/alcohol, HIV/STD's is specifically protected by law and won't be disclosed by OPD.** I understand that I may revoke this authorization at any time, except to the extent that action has already been taken. I understand that any revocation of this authorization must be in writing and submitted to the attorney to which this authorization was directed. Unless cancelled earlier by me, this authorization will **expire ninety (90) days** from the signature date. An email copy shall 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: _____