



**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** Most complaints are handled informally and are initiated by phone call or email. More serious issues may be handled in writing using this form.

**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, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, 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.



# Instructions

## Parents Representation Program Complaint and Release of Information Form

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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](mailto: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

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To: \_\_\_\_\_  
Print or type your attorney's name here

I authorize my attorney to disclose information about me, including information protected by attorney-client privilege, to the Washington State Office of Public Defense (OPD) for the purpose of investigating my complaint about 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: \_\_\_\_\_