



Q Who can file a complaint?

A Anyone who is a party to the case may file a complaint, however only the client should complete this 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 Blake Program contract 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 Any OPD Blake contract attorney representing individuals impacted by the *State v. Blake* decision with cases filed in Adams, Benton, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Grant, Island, Jefferson, Kitsap, Kittitas, Klickitat, Lewis, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom and/or Yakima counties.

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 involved or circumstances 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 The process for obtaining relief from your unconstitutional conviction(s) is largely driven by defense and there are a limited number of attorneys accepting these cases in your county. There may not be another OPD-contract attorney available to take your case, which could significantly delay your case being resolved.

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

A Because OPD is a state agency, someone may be able to 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 prohibited by law from re-disclosure.



Instructions for Completing the Blake 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. Be certain to print and save the form before exiting the reader.

Note: *The form will need to be printed and signed by you on page 5.*

Completing the form:

- Fill out the 1) complaint form and 2) the release of information.
- 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

ATTN: Blake Defense Program

- **By Email**

Email the completed form as an attachment to:

blake@opd.wa.gov

Questions?

Call (360) 586-3164 ext. 218



Blake Defense Program

Client Complaint Form

Personal Information

Name: _____

Address: _____

City: _____ State/ Zip: _____

Phone: _____

Email Address: _____

Case Information

County: _____

Case No.: _____

Attorney: _____

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?



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 prohibited by law from re-disclosure.** 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. A copy or FAX 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: _____