

***Committee for Public Counsel Services
Mental Health Litigation Division***

75 Federal Street, 6th Floor, Boston, MA 02110

Phone: (617) 988-8341

CLIENT COMPLAINT FORM

Attorney Name: _____

Attorney Address (if Known): _____

Attorney Phone Number (if known): _____

Client Name: _____

Client Address: _____

Client Phone Number: _____

Client Email Address: _____

If complainant is not client, please explain relationship to the client: _____

Court: _____ Next Court Date: _____

Purpose of Next Court Date: _____

Please Summarize your Complaint: _____

(Please attach additional pages if necessary)

Please submit electronically to MHLDAAttorney@publiccounsel.net or mail to the attention of:

**Joseph Robinson
MHLD Trial Panel Director
Committee for Public Counsel Services
75 Federal Street, 6th Floor
Boston, MA 02110**