

***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: \_\_\_\_\_

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(Please attach additional pages if necessary)

Please submit electronically to [MHLDAAttorney@publiccounsel.net](mailto:MHLDAAttorney@publiccounsel.net) or mail to the attention of:

**Joseph Robinson  
MHLD Trial Panel Director  
Committee for Public Counsel Services  
144 Main Street, 4th Floor  
Brockton, MA 02301**