

***Committee for Public Counsel Services  
Children and Family Law Division***

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

*Phone: (617) 482-6212*

**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 [CAFLAttorney@publiccounsel.net](mailto:CAFLAttorney@publiccounsel.net) or mail to the attention of:

**Alice Turner  
Interim CAFL Trial Panel Director  
Committee for Public Counsel Services  
75 Federal Street, 6th Floor  
Boston, MA 02110**