

***Committee for Public Counsel Services***

***Youth Advocacy Division***

*35 Congress Street, Suite 351, Salem, MA 01907*

*Phone: (978) 219-5425*

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

**Erica Cushna,  
YAD Trial Panel Director  
Committee for Public Counsel Services  
35 Congress Street, Suite 351  
Salem, MA 01907**