Schuler County Public Defender/Schuyler County Assigned Counsel Program

Instructions for Client Complaint Form.

- 1. Please fill out the two (2) page form. Sign at the bottom of the form.
- 2. Place in an envelope and mail to:

Schuyler County Public Defender's Office Attn: Client Complaint Form 105 9th Street, Unit 7 Watkins Glen, NY 14891

Schuyler County County Public Defender Schuyler County Assigned Counsel Program

CLIENT COMPLAINT FORM

	Date:			
COMPLAINANT IN	NFORMATION			
Your Name:	(Mr.)() (Ms.)()	Last)	(First)	(Initial)
Address:				
	(Street)		(Apt. #)	
(City)		(County)	(State)	(Zip Code)
Telephone: (Home)		(Off	ice)	
ATTORNEY COMP Name:	LAINED OF:			
	(Last)	(First	st)	(Initial)
Office Address:		(Street)		
(City)		(County)	(State)	(Zip Code)
Telephone:				
CONTACT WITH (OTHER AGENCI	ŒS		
Have you contacted a concerning this matter		such as a Bar Associa	ntion or District Attorn	ney's Office,
If so, state the name	of the agency:			
What action was take	en by the agency?	,		
COURT ACTION T	'AKEN BY YOU A	AGAINST THE ATTO	ORNEY	
Have you taken any	civil or criminal a	action against the atto	orney?	
If so, please name th	e court and provide	de the index number:		
What action was take	en by the court?			

ALLEGATIONS

Explain your complaint against the attorney in as much detail as possible. When was the attorney assigned? What legal services did the attorney perform for you? What conduct did the attorney
commit that you believe is improper? Send this office COPIES of all documents that you believe support your claim, with the names and addresses of any witnesses. (Please use a pen with black
ink. If necessary, continue your narrative on a separate sheet of paper.)
Please Sign Here:

Note: Unsigned complaints will not be processed.