

Santa Clara County - Office of the Public Defender
120 W. Mission Street - San Jose, CA 95110
(408) 299-7700 - Fax: (408) 998-8265
Office of the Public Defender Complaint Form

* Required Fields

Complainant(s):

*Name:	*Name:
*Relationship to Client:	*Relationship to Client:
*Phone: (xxx-xxx-xxxx)	*Phone: (xxx-xxx-xxxx)
Email:	Email:
*Address:	*Address:
*City:	*City:
*State:	*State:
*Zip:	*Zip:

Client Information:

Case Number/Docket: (Example valid formats: AA123456 or A1234567)	
Case Type (Juvenile, Misdemeanor, Felony, Civil, Other):	
*Client Name:	
Client Custody Status (In, Out):	
Client Custody Location:	

Complaint Information:

Name(s) of Staff (i.e., Unknown):	
Position(s) (Attorney, Investigator, Paralegal, Clerical/Other, Unknown):	
Date of Incident: (mm/dd/yyyy)	
Time of Incident:	
Incident Location:	
*Nature of Complaint/Statement:	