



# Legal Services Program Complaint Form

Email to [legalservicesprogram@osbar.org](mailto:legalservicesprogram@osbar.org)  
(preferred)  
or  
Mail to:  
Oregon State Bar  
Legal Services Program  
PO Box 231935  
Tigard, OR 97281-1935

## Instructions

**NOTE:** Our process is NOT confidential. Keep this in mind as you decide what information to send. All materials received are subject to public disclosure. Additionally, we will send a copy of this form to the provider you express concerns about.

- The Legal Services Program (LSP) reviews complaints regarding Oregon legal aid providers funded through the LSP (see providers below) and complaints about the operation of the LSP. More information about the LSP is available at [www.osbar.org/lsp](http://www.osbar.org/lsp).
- The LSP will not review or respond to a complaint unless the complaint is in writing. You may submit a complaint by email or by regular mail to the addresses in the upper-right corner of this form. For the promptest response, we recommend that complaints be submitted by email.
- If you have questions, either email [legalservicesprogram@osbar.org](mailto:legalservicesprogram@osbar.org) (preferred) or call (503) 620-0222 or (800) 452-8260 and ask to speak to the Legal Services Program.

## Kind of Complaint

(check all that apply)

- Complaint about being denied legal assistance in an individual case
- Complaint about the manner or quality of legal help or attorney behavior in an individual case
- Complaint about how a legal aid provider uses funds received from the LSP
- Complaint about a legal aid provider failing to follow the LSP Standards & Guidelines, failing to provide overall quality services, failing to follow **ORS 9.572**, or failing to follow any other law
- Complaint about the Oregon State Bar Legal Services Program

## Your Name and Address

Your Name		Today's Date
Email	Phone	
Mailing Address		
City	State	Zip

## Provider Information

Provider your complaint is about (check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Catholic Charities of Oregon                   | <input type="checkbox"/> Lutheran Community Services Northwest   |
| <input type="checkbox"/> Catholic Community Services of Lane County     | <input type="checkbox"/> Metropolitan Public Defender            |
| <input type="checkbox"/> Center for Nonprofit Legal Services            | <input type="checkbox"/> Oregon Law Center                       |
| <input type="checkbox"/> Immigration and Refugee Community Organization | <input type="checkbox"/> Portland Community College Clear Clinic |
| <input type="checkbox"/> Legal Aid Services of Oregon                   |  |

## Provider Information (continued)

City or location of the office your complaint is about:

Have you already addressed this complaint through the provider's internal grievance policy?

- Yes
- No

If yes, please describe how your grievance was decided by the provider.

## What is your complaint?

**Use the following space to outline your complaint, attaching additional pages and documents if needed.**

Please be as specific yet concise as possible and remember to specify **what** your complaint is, **when** it happened, and any other factors you can think of that are relevant to your complaint. We will follow up with you if we have additional questions.

## What result do you want?

Use the following space to describe what you would like to happen to resolve your complaint, attaching additional pages if needed.