



BATTLE GROUND MUNICIPAL COURT

PUBLIC DEFENSE COMPLAINT PROCEDURE

Individuals who believe that they have not received their right to counsel may file a written complaint with the City of Battle Ground.

Submission of Complaints

Complaints alleging a violation of rights may be submitted to the Court Administrator of the City of Battle Ground, 109 SW 1st Street, Suite 221, Battle Ground, WA 98604. The complaint must be submitted in writing and must be signed by the complainant and/or the complainant's representative and contain the complainant's contact information. The complaint must contain information about the alleged violation such as basis of complaint, location and date where incident occurred, and name(s) of alleged public defender and their Washington State Bar Association (WSBA) number if known, and any witnesses to the problem.

Complaints may be submitted by mail or e-mail, provided they identify the communication as "Public Defender Complaint". Other alternative means of filing complaints, such as personal interviews or tape recording of the complaint, will be made available for persons with disabilities upon request. The request should be made to the Court Administrator listed below.

The complaint should be submitted by the complainant and/or representative as soon as possible but no later than thirty days (30) calendar days after the alleged violation to:

City of Battle Ground
Court Administrator
109 SW 1st Street, Suite 221
Battle Ground, WA 98604
Office: (360) 342-5008
Fax: (360) 342-5050
Web Site: www.cityofbg.org

The Court Administrator will acknowledge receipt of the complaint within ten (10) business days, inform the complainant of action taken or proposed action to process the allegation.

Investigation of Complaints

The Court Administrator will review complaints and may ask the complainant to provide additional information if more information or clarification is needed. Within sixty (60) calendar days of receipt of the complaint, the Court Administrator will conduct an investigation of the allegation and based on the information obtained, will render a recommendation for action as necessary.

Disposition of Complaints

A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the Court Administrator and a copy forwarded to the complainant no later than ninety (90) calendar days after its filing. Upon request, the determination will be made available in a format accessible to the complainant, such as large print, or e-mail.

Appealing Disposition of Complaints

Complainants that are not satisfied with the disposition of the complaint by the Court Administrator may be forwarded to the Washington State Bar Association.

The Court Administrator shall maintain a record of each complaint. The individual's right to a prompt and equitable resolution of a complaint will not be impaired by his/her pursuit of other remedies. The use of this grievance process is not a prerequisite to the pursuit of other remedies.

Individuals may also file complaints directly with the following agency:

Washington State Bar Association
1325 Fourth Avenue, Suite 600
Seattle, WA 98101-2539
(800) 945-9722
www.wsba.org

If you require this information in another format, please contact the Title VI Coordinator at (360) 342-5008. Please allow 2 weeks for processing.

Información será traducida al español a petición de cityclerk.info@cityofbg.org.

BATTLE GROUND MUNICIPAL COURT PUBLIC DEFENDER COMPLAINT FORM

Present to: Battle Ground Municipal Court
Attn: Court Administrator
109 SW 1st Street, Suite 272
Battle Ground, WA 98604
Monday - Friday
9AM – 5 PM Except holidays

CLAIMANT INFORMATION

Form 2012

NAME (LAST, FIRST, MIDDLE I): _____
CURRENT RESIDENTIAL ADDRESS: _____
CURRENT MAILING ADDRESS: _____
DAYTIME PHONE NO.: _____ WORK/HOME (circle one)
CELL PHONE NO.: _____
EMAIL ADDRESS: _____

INFORMATION ABOUT THE PUBLIC DEFENDER

LAWYER NAME (LAST, FIRST, MIDDLE I): _____
ADDRESS: _____
PHONE NO.: _____
BAR NUMBER (IF KNOWN) .: _____

COMPLAINT INFORM

LOCATION OF CHARGE (Please check appropriate box) BATTLE GROUND RIDGEFIELD LA CENTER
CASE NO(S): _____

DESCRIBE ALL ACTS THAT FORM THE BASIS OF YOUR COMPLAINT INCLUDING DATES, TIMES, LOCATIONS, WITNESS(ES) AND CONTACT INFORMATION (IF ANY). ATTACH ADDITIONAL SHEETS IF NECESSARY.

AFFIRMATION

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FOREGOING IS TRUE AND CORRECT AND UNDERSTAND THAT THE CONTENT OF MY COMPLAINT MAY BE SUBJECT TO PUBLIC DISCLOSURE.

SIGNATURE
DATED: _____

Office use only

Received by: _____ Date: _____
Forwarded to: _____
Follow up: _____

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