

**COMPLAINT FORM  
COMPLAINT ABOUT MY LAWYER**

*Please print clearly.*

**1. INFORMATION – About you**

Name: Mr./Ms. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. INFORMATION – About the lawyer you are complaining about**

Lawyer's Name: \_\_\_\_\_

Your lawyer is not allowed to discuss your personal matters with anyone without your consent. This is referred to as “solicitor/client privilege”. However, in order to investigate a complaint, the Law Society must discuss the complaint with the lawyer involved and obtain all relevant information and documents. By requesting that we investigate your complaint you are waiving your right to solicitor/client privilege to the extent necessary for the investigation of your complaint and providing your consent for your lawyer to discuss your complaint with the Law Society and provide us with relevant information and documents.

I consent to the Law Society investigating this complaint. I understand that by giving this consent I waive my solicitor/client privilege for all matters related to this complaint:

Yes       No

**3. WHAT DOES YOUR COMPLAINT PRIMARILY CONCERN?**

- |  |   |
|--|---|
| <input type="checkbox"/> Conflict of Interest                | <input type="checkbox"/> Inadequate representation              |
| <input type="checkbox"/> Delay/inactivity                    | <input type="checkbox"/> Inadequate/wrong advice                |
| <input type="checkbox"/> Failure to account for trust monies | <input type="checkbox"/> Missed court appearance                |
| <input type="checkbox"/> Failure to communicate              | <input type="checkbox"/> Misuse of court system                 |
| <input type="checkbox"/> Failure to follow instructions      | <input type="checkbox"/> Rudeness                               |
| <input type="checkbox"/> Failure to release file/records     | <input type="checkbox"/> Intimidation/threats or abuse of power |
| <input type="checkbox"/> Failure to send bill                | <input type="checkbox"/> Withholding funds                      |

Other \_\_\_\_\_  
(please specify)

