

COMPLAINT FORM

TO FILE THIS COMPLAINT, please forward a copy of this page to the:

Audit and Investigation Department

LEGAL AID BC, 400-510 Burrard Street, Vancouver BC V6C 3A8

Email: Complaints@legalaid.bc.ca

Fax: 604-682-0979

Your contact information:	Your name:	Address:
	Phone:	
	Email:	Date:

*Please note that if you are making a complaint about a client, you may choose to remain anonymous.

My complaint is about an LABC:

- Client** (provide name, date of birth, address and any other available information)
- Lawyer** (provide name and location of practice) ****This form and any information that you provide about your complaint will be shared with the lawyer you complained about***
- Staff member/Local Agent Staff** (provide name and office location)
- Policy** (provide details)
- Other** (provide details)

Brief description of the complaint:

(Please be factual. Describe what took place and on what dates. You can use point form and provide copies of any relevant documents).



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What do you hope will happen as a result of your complaint?

Who filled this form out or helped you fill it out?