

# WESTERN AUSTRALIA LEGAL PRACTITIONERS COMPLAINTS COMMITTEE

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## COMPLAINT FORM

### IMPORTANT

- If you have difficulty with this form, please contact our office for assistance. (Phone 9461 2299 or see back page for details.)
- The purpose of this form is to provide the Legal Practitioners Complaints Committee (“LPCC”) with enough information to decide whether a matter constitutes unsatisfactory conduct by a lawyer.
- If appropriate, we suggest that you try to resolve your complaint yourself. If in any doubt concerning a complaint it is suggested that you contact a legal officer at this office, before making a formal complaint.
- Before you complete this form, please read the information brochure about the LPCC to find out whether this complaints handling procedure is appropriate to your complaint. In particular, we cannot give legal advice, and we can only have a limited role in relation to disputes over fees and allegations of negligence.
- Please attach photocopies of any relevant documents. **DO NOT** send originals.

### 1. YOUR DETAILS

Mr/Ms/Miss/Mrs/Dr/Other \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_ Fax: \_\_\_\_\_

Are you making this complaint on behalf of another person, such as a client or relative?

Yes  No

If so, please tell us whom you are making the complaint for, and why.

Complainant’s Name: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Reason you are making the complaint on their behalf: \_\_\_\_\_

\_\_\_\_\_

## 2. DETAILS OF LAWYER COMPLAINED ABOUT

**Note:** We can only accept complaints against individuals, not firms. Please try to identify the person or people you are complaining about, and use a separate form for each of them. You may copy this form or ask for another one from our office.

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

Name of firm/chambers: \_\_\_\_\_

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

## 3. BEFORE YOU LODGE A FORMAL COMPLAINT

3.1 Where appropriate, how have you tried to resolve this complaint with your legal practitioner?

Phone     Fax     Letter     Visit     Other \_\_\_\_\_

Please attach copies of correspondence relating to your complaint.

3.2 Have you phoned this office for advice about the complaints handling process?

Yes     No

3.3 If your complaint is about overcharging, have you had your account taxed?

Yes     No

3.3 Have you ever made a complaint to this office before?

Yes     No

## 4. IN THIS MATTER, THE LAWYER NAMED IN QUESTION 2 (ABOVE)

is currently my solicitor     is my barrister     is the lawyer for the other side

was my solicitor until \_\_\_\_\_  other (please specify)

## 5. THE AREA OF LAW THAT MY ORIGINAL LEGAL CASE RELATES TO IS

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Commercial/Company Law               | <input type="checkbox"/> Conveyancing                 | <input type="checkbox"/> Family/Defacto Law   |
| <input type="checkbox"/> Probate/Wills/Inheritance Act        | <input type="checkbox"/> Criminal Law                 | <input type="checkbox"/> Personal Injuries    |
| <input type="checkbox"/> Professional Negligence (eg Medical) | <input type="checkbox"/> Employment/Industrial Law    | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Victim's Compensation                | <input type="checkbox"/> Immigration                  | <input type="checkbox"/> Unsure               |
| <input type="checkbox"/> Leases/Mortgages/Franchises          | <input type="checkbox"/> Other (Please Specify) _____ |   |

## 6. IF YOUR COMPLAINT INVOLVED A COURT CASE, PLEASE GIVE DETAILS (IF YOU KNOW THEM)

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Court Name and Court House Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Hearing: \_\_\_\_\_

## 7. MY COMPLAINT IS ABOUT

- |  |   |
|--|---|
| <input type="checkbox"/> Delay/neglect                   | <input type="checkbox"/> Acting without/failing to follow instruction |
| <input type="checkbox"/> Failure / lack of communication | <input type="checkbox"/> Dishonesty/ misleading conduct               |
| <input type="checkbox"/> Disclosure about costs/charges  | <input type="checkbox"/> Conflict of interest                         |
| <input type="checkbox"/> Fees                            | <input type="checkbox"/> Dealings with trust money                    |
| <input type="checkbox"/> Confidentiality breach          | <input type="checkbox"/> Other (Please specify)                       |





**9A.** Have you begun or are you contemplating bringing legal proceedings against the lawyer about the matters you are complaining about?

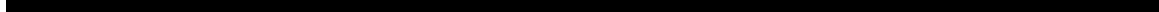
Yes       No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

**9B.** Have legal proceedings been commenced against you about the matters you are complaining about?

Yes       No

If yes, please give details \_\_\_\_\_



I acknowledge that the LPCC will forward a copy of this complaint to the lawyer named above.

**DECLARATION**

I declare that the information I have given with this complaint is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEND THE COMPLETED FORM AND PHOTOCOPIED ATTACHMENTS TO:**

Legal Practitioners Complaints Committee  
Post Office Box Z5293  
St George's Terrace  
PERTH WA 6831

**OUR OTHER CONTACT DETAILS ARE:**

2<sup>nd</sup> Floor, Colonial Building  
55 St George's Terrace  
PERTH WA 6000

Phone: (08) 9461 2299  
Fax: (08) 9461 2265  
Email: [lpcc@lpbwa.com](mailto:lpcc@lpbwa.com)  
Website: [www.lpbwa.org.au](http://www.lpbwa.org.au)