

WESTERN AUSTRALIA  
LEGAL PROFESSION  
COMPLAINTS COMMITTEE

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COMPLAINT ENQUIRY FORM

Your name: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Name of lawyer you are concerned about: \_\_\_\_\_

Preferred date for telephone contact: \_\_\_\_\_

Preferred time for telephone contact:

- 8.30am - 10.30am
- 10.30am - 12.30pm
- 12.30pm - 2.30pm
- 2.30pm - 4.30pm
- 4.30pm - 5.30pm

We will endeavour to call you during your nominated period