



# COLLAS CRILL COMPLAINTS PROCEDURE COMPLAINT FORM

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## TO BE COMPLETED BY THE CLIENT

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Please use this form if you want to make a complaint about an Advocate, Solicitor, Attorney or Legal Practitioner working for Collas Crill. Before you complete this form, please read the Collas Crill Complaints Procedure.

### PLEASE NOTE

- (i) there is a time limit for making complaints. Generally this is 6 months from the date of the matter about which you wish to complain; and
- (ii) there are some types of complaint, which we cannot investigate. These are explained in the Complaints Procedure.

Please sign your name at the end of this form. By doing so you will be confirming that you have read and agreed to our Complaints Procedure.

### 1. DETAILS OF THE PERSON MAKING THE COMPLAINT:

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Telephone: \_\_\_\_\_

Client     Non-client

### 2. IF YOU ARE MAKING THIS COMPLAINT ON BEHALF OF SOMEONE ELSE:

Please complete this section, giving your details. Please also attach a letter of authority signed by the person on whose behalf you are complaining.

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Our Reference No: \_\_\_\_\_

Please state the capacity in which you are making the complaint:

\_\_\_\_\_



**3. NAME OF THE ADVOCATE/SOLICITOR/ATTORNEY/LEGAL PRACTITIONER YOU WISH TO COMPLAIN ABOUT:**

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**4. NAME OF THE CASE OR FILE REFERENCE:**

Please give the name of the case or file reference for the matter in which the Advocate/Solicitor/Attorney/Legal Practitioner you are complaining about acted:

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If the case was the subject of Court proceedings, please give the following:

(i) The name of the case as shown in the Court papers:

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(ii) The name of the Court:

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**5. WAS THE ADVOCATE/SOLICITOR/ATTORNEY/LEGAL PRACTITIONER YOU ARE COMPLAINING ABOUT ACTING FOR:**

- You  
 Another person involved in the case  
 A person not involved in the case

If the Advocate/Solicitor/Attorney was acting for someone other than you, please give the name of the person he was acting for:

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**6. IS THE CASE OR MATTER CONTINUING?**

- Yes  No

**7. IS THE ADVOCATE/SOLICITOR/ATTORNEY/LEGAL PRACTITIONER YOU ARE COMPLAINING ABOUT STILL INSTRUCTED TO ACT IN THE CASE OR MATTER?**

- Yes  No

**8. IF THE ADVOCATE/SOLICITOR/ATTORNEY/LEGAL PRACTITIONER YOU ARE COMPLAINING ABOUT IS NO LONGER ACTING IN THE CASE OR MATTER, WHEN DID HE/SHE CEASE TO ACT?**

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**9. DATE OF MATTER COMPLAINED ABOUT:**

On what date did the matter you are complaining about take place? If you are complaining about a series of matters, please give the date of each matter you are complaining about.

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**10. COMPLAINTS WHICH ARE MORE THAN 6 MONTHS OLD:**

If the matter you are complaining about happened more than 6 months ago, please explain why there has been a delay in making your complaint.

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**11. FACTS AND MATTERS GIVING RISE TO YOUR COMPLAINT:**

Please state briefly the facts and matters which give rise to your complaint. Please continue on a separate sheet if necessary.

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**12. YOUR COMPLAINT:**

Based upon the facts and matters set out above, what is the essential nature of your complaint? Please continue on a separate sheet if necessary.

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**13. RESOLVING YOUR COMPLAINT:**

How would you like your complaint to be resolved?

Please place a tick by any of the following which apply:

- Explanation     Apology     Reduction or refund of fees

If you have ticked "Reduction or refund of fees", please explain the basis upon which you are seeking a reduction of refund:

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If none of the above applies, please specify how you would like to resolve your complaint.

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#### 14. DECLARATION

I have read the Collas Crill Complaints Procedure before completing this form.

I have completed all sections of this form.

I agree that this form and any documents which I have provided or shall in future provide for the purpose of or in the course of the investigation of my complaint, may be disclosed as is set out in the Complaints Procedure:

The information given in this form is true.

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

Capacity in which I sign: \_\_\_\_\_

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

#### FOR MORE INFORMATION, PLEASE CONTACT:

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