

COMPLAINT FORM

IMPORTANT INFORMATION BEFORE COMPLETING THIS FORM

- Please contact our office if you require assistance or require an interpreter to complete this form (see back page for contact details).
- As well as completing this form, please attach photocopies (not originals) of any documents you feel the Legal Profession Board of Tasmania will need in considering your complaint.
- If you wish to complain about more than one legal practitioner, please submit a separate Complaint Form about each of them.
- The Legal Profession Board of Tasmania **is required** to send a copy of your complaint to the legal practitioner or legal firm concerned unless by doing so it will or is likely to:
 1. prejudice the investigation of the complaint; or
 2. prejudice an investigation by the police or other investigatory or law enforcement body; or
 3. place you or any other person at risk of intimidation or harassment; or
 4. prejudice pending court proceedings.

If you consider any of the above points (1-4) apply in your case, please explain on this form precisely why the lawyer should not receive a copy of your complaint form.

- Please understand this office cannot provide legal advice or legal assistance, nor influence the outcome of court proceedings.
- Please ensure you are as concise and brief as possible and as far as possible record dates in the order they occurred.
- Please ensure you sign and date the “Declaration” on the last page before submitting this form.
- Time Limit – Please note that the Board may be unable to deal with your complaint if it is made more than 3 years after the conduct is alleged to have occurred. If this may be applicable, please contact us to discuss the matter before completing this form.

1. Your details

Title:..... Given name: Surname:.....

Address:

..... Postcode:

Phone: (H) (W)

(M) Fax:

Email:

Date of birth (optional):..... Male Female

Main language spoken at home:

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

Yes No If yes, please tell us who you are making the complaint for and why?

Complainant's name:

Address:

..... Postcode:

Reason:

.....

.....

2. Details of the legal practitioner against whom you wish to complain

Practitioner's name:

Name of firm/chambers:.....

Address:

..... Postcode:

Phone: Fax:

3. Before you lodge a formal complaint

Have you already tried to resolve this complaint? Yes No

If yes, how?

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Please attach copies of relevant correspondence.

Have you previously complained about this matter to the Legal Ombudsman, Tasmanian Law Society or other organisation? Yes No

If yes, approximate date of complaint: File reference (if available):

4. The legal practitioner named in question 2 (above) acted as:

my solicitor my barrister lawyer for the other side

other

5. The area of law that my original legal case relates to is:

- | | | |
|--|---|---|
| <input type="checkbox"/> administrative law | <input type="checkbox"/> defamation | <input type="checkbox"/> motor vehicle injuries |
| <input type="checkbox"/> banking law | <input type="checkbox"/> environmental law | <input type="checkbox"/> motor vehicle accident |
| <input type="checkbox"/> building law | <input type="checkbox"/> equal opportunity | <input type="checkbox"/> personal injury |
| <input type="checkbox"/> civil liberties | <input type="checkbox"/> family/defacto | <input type="checkbox"/> planning law |
| <input type="checkbox"/> commercial law | <input type="checkbox"/> freedom of information | <input type="checkbox"/> probate and estate |
| <input type="checkbox"/> company law | <input type="checkbox"/> immigration law | <input type="checkbox"/> taxation law |
| <input type="checkbox"/> constitutional law | <input type="checkbox"/> industrial relations | <input type="checkbox"/> trade practices |
| <input type="checkbox"/> conveyancing | <input type="checkbox"/> insolvency law | <input type="checkbox"/> wills |
| <input type="checkbox"/> crimes compensation | <input type="checkbox"/> intellectual property | <input type="checkbox"/> workers' compensation |
| <input type="checkbox"/> criminal law | <input type="checkbox"/> leasing | <input type="checkbox"/> other – (please specify) |
| <input type="checkbox"/> debt collection | <input type="checkbox"/> mortgages | |

6. By making this complaint to the Legal Profession Board of Tasmania, I am hoping to achieve the following outcome(s):

- | | |
|--|---|
| <input type="checkbox"/> have my documents/files transferred | <input type="checkbox"/> improve my communication with the lawyer |
| <input type="checkbox"/> have the lawyer disciplined | <input type="checkbox"/> improve the service provided by the lawyer |
| <input type="checkbox"/> receive an apology | <input type="checkbox"/> resolve my dispute with the lawyer |
| <input type="checkbox"/> resolve my dispute about fees | <input type="checkbox"/> receive financial compensation |
| <input type="checkbox"/> other (please briefly list your expectations) | |
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8. Costs

Please only complete this section if your complaint or part of your complaint relates to costs.

I had a written agreement with the legal practitioner about costs Yes No

If yes, please attach a copy.

I attach a copy of my bill(s) from the legal practitioner Yes No

(Details of the bill must be provided)

The total amount of the bill(s) in this matter is/are:

Legal practitioner's fee \$ Disbursements or other legal expenses \$

Date(s) of bill(s):

My problem with the bill(s) is that:

I was quoted a smaller amount, namely \$

I think the bill is too high for the amount of work done

I think the bill includes work that was not done

I think the legal practitioner handled the matter badly and I should not have to pay for this

Other (give details)

The legal practitioner has been paid:

Yes (in full) Date of payment

Yes (in part) Amount \$ Date of payment

No

9. Declaration

Note: If you are making this complaint on behalf of someone else (e.g. your partner or parent) please include a signed written authority from that person allowing you to complain on their behalf.

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

Signed: Date:

Please send the completed form and photocopied attachments to:

Legal Profession Board of Tasmania
GPO Box 2335
HOBART TAS 7001

Phone: (03) 6226 3000
Fax: (03) 6223 6055