

# COMPLAINTS FORM



## 1. YOUR DETAILS

a) Name .....

b) Address .....

.....

..... c) Telephone number .....

## 2. DOES YOUR COMPLAINT RELATE TO AN APPLICATION FOR LEGAL AID?

Yes    No

If yes, please complete section 3. If no, please move on to section 4.

## 3. DETAILS OF THE APPLICATION

Are you

- a) the applicant or assisted person
- b) the applicant's solicitor/assisted person's solicitor
- c) the applicant's opponent in the case
- d) other (please give details) .....

.....

If possible, please give us the applicant's legal aid reference number(s) .....

## 4. DETAILS OF COMPLAINT.

Please tell us the nature of the complaint, and give details of any other correspondence or telephone calls that you have had with the Board about this matter. If you have any reference numbers, or the name(s) of anyone you have spoken to, this would help us.

Signature of person making complaint

Date of complaint