

COMPLAINT FORM

Legal Aid BC is committed to providing high quality legal services, and meeting the highest standards of integrity, accountability and public responsibility across its operations. We take all complaints seriously and will examine each complaint carefully.

Use this form if you wish to bring forward any concern about a legal aid matter including concerns about the conduct of a legal aid lawyer, an employee or contractor with LABC. Completed forms can be printed and sent by mail to:

Audit and Investigation Legal Aid BC 400-510 Burrard St Vancouver, BC, V6C 3A8

You may also submit your complaint using an online form at https://legalaid.bc.ca/contact/complaints

Once your complaint is received, a member of our team will acknowledge receipt and may follow up with any further questions.

Your personal information is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used to investigate and respond to concerns and to evaluate and plan our activities. To read more about how LABC collects uses and shares personal information you may refer to our privacy policy at legalaid.bc.ca/privacy or by email at privacy@legalaid.bc.ca

Contact Informati	ion		
Please tell us about yo	ourself and how we can conta	ct you	
Your name	Email address		Telephone number
Mailing Address	Date		
What is your relations	ship to Legal Aid BC?		
Client	Tariff Lawyer	Contractor	
Justice System Participant (Crown, lawyer, judge, court staff, etc)		Member of Public	
Employee	Other		



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Your Complaint What is your complaint about?

A legal aid lawye	r A legal aid cl	ent A st	aff member
Other			
What is the name of	the lawyer, staff member, or cli	ent this is about (if app	licable)?
When did this happe	n? If the events occurred over a perio	d of time, use the most rece	nt event.
In your own words, d	escribe your concern. Attach ac	lditional pages if requi	red.
Have you reported th	is previously to anyone, and if	so who did you report i	t to and when?
Yes	No		
If you are aware of a	ny laws, policies, codes or rules	that may have been br	eached, please describe:
=	ould happen as a result of you d to Intake by calling 1-866-577-2525	•	-
		ng court date relating to	o this matter, please provide the
date and purpose of the Yes	No		