

## WAIVER OF SOLICITOR/CLIENT PRIVILEGE

I, \_\_\_\_\_, hereby waive my solicitor/client privilege and authorize \_\_\_\_\_ to provide information and documentation to Legal Aid BC with respect to my complaint/concerns that were forwarded to the Audit and Investigation Department of Legal Aid BC.

I also authorize Legal Aid BC to refer my complaint/concerns if necessary to the Law Society of British Columbia.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

*\*Please return this form to the Audit and Investigation Department of Legal Aid BC  
Suite 400 – 510 Burrard Street, Vancouver, BC V6C 3A8*