



Legal Services Society

RECORD OF COMPLAINT

TO REGISTER THIS COMPLAINT, please forward a copy of this page to the:
Audit and Investigation Department
LEGAL SERVICES SOCIETY, Suite 400, 510 Burrard Street, Vancouver BC V6C 3A8
Fax 604-682-0979

Your contact information:

(You may choose to be anonymous)

Your name:

Phone:

Address:

My complaint is about an LSS:

- Client** (provide name, date of birth, address and any other available information)
- Lawyer** (provide name and location of practice)
- Staff member/Local Agent Staff** (provide name and office location)
- Policy** (provide details)
- Other** (provide details)

Brief description of the complaint:

(Please be factual. Describe what took place and on what dates. You can use point form and provide copies of any relevant documents).