

WAIVER OF SOLICITOR/CLIENT PRIVILEGE

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

I also authorize the Legal Services Society 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 the Legal Services Society
Suite 400 – 510 Burrard Street, Vancouver, BC V6C 3A8*