

Personal Informa	tion:					1
Name:			Reference No:			
Email :			Phone No:			
Address:						
_						
Law Centre Attended:						
Name of Solicitor/Staff your complaint is about:						
applies please tick		the followir	g which applies to yo	ur case. If	more than one	optio
Complaint: Change of Solicitor request:						
- Change of Cononi						
Nature of Compl *Please tick ✓ wha		o your comp	laint			
Delay in progression of your case						
Customer service standard						
Not acting on instructions						
Lack of communication						
Length of time on waiting list						
Relationship broken down with your legal representative						
Other						
If you have select	ed "Other" plea	se specify:				
Does this compla reference below:	int relate to a p	orevious co	mplaint? If yes pleas	se list prev	vious complair	nt
Complaint Ref:						



Please outline your complaint below:					
What possible solution/remedy are you lo	oking for?				
Where to send Complaint Form:					
	il to Complaints@legalaidboard.ie or by post addressed				
to:					
Complaints Officer					
Legal Aid Board,					
48-49 North Brunswick Street					
Georges Lane					
Smithfield					
Dublin 7					
D07 PE0C					

Further details of complaints procedure can be found in the <u>Information Leaflet: Customer Care and Complaints Procedure</u>