

**COMPLAINT AGAINST MY SOLICITOR**

Name of client:

Name of firm:

Address:

Address:

Tel.No.

Name of solicitor  
in charge of case:

NATURE OF CASE (Please tick box)

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> Buying/selling<br>Property | <input type="checkbox"/> Probate         | <input type="checkbox"/> Criminal<br>injury claim | <input type="checkbox"/> Criminal<br>damage claim | <input type="checkbox"/> Personal<br>injury     |
| <input type="checkbox"/> Contractual<br>Disputes    | <input type="checkbox"/> Bank-<br>ruptcy | <input type="checkbox"/> Criminal<br>Law matters  | <input type="checkbox"/> Matrimonial<br>matters   | <input type="checkbox"/> Commercial<br>Business |

1. Date you instructed your solicitor

2. Date of injury (if applicable)

3. Have Court proceedings been issued in your case? **YES/NO** – If yes, do you know when they were issued?

4. Are you in receipt of legal aid? **YES/NO**  
If yes give certificate number below  
Do you have other means of paying for your case? – if so, please specify **YES/NO**

5. When did you last contact your solicitor?

6. Have you paid any money to your solicitor on account of costs? If so, specify date and amount.

7. Have you written to or made an appointment to discuss your case with your solicitor? If so, Please indicate outcome at Question 9. **YES/NO**  
**If the answer is no, please make an appointment To see your solicitor before finally lodging the complaint.**

8. Do you agree to the Society furnishing a copy of your complaint to your solicitor?  
**YES/NO**

**NB. DO NOT COMPLETE THIS FORM UNTIL YOU HAVE CAREFULLY READ THE INFORMATION LEAFLET – “DISSATISFIED WITH YOUR SOLICITOR”**

**\*IMPORTANT NOTICE:** Please include ALL issues which you wish the Society to consider as the complaint cannot be re-opened on new issues arising from the same case.

9. Please state briefly the facts of your case.

10. Please state the reasons for your complaint. (If you have documents in support of your allegation, please enclose copies of same)

**I wish to make a complaint about my solicitor for the above reasons.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return to Law Society of Northern Ireland, 40 Linenhall Street, BELFAST, BT2 8BA