Legal Services commissioner

MAR Zison

COMPLAINT FORM

This form will help to provide the Legal Services Commissioner with enough information to decide whether and how we can help you with a complaint about a lawyer.

As well as answering all these questions, please attach photocopies of any documents you feel the Legal Services Commissioner will need in considering your complaint and/or your dispute.

If you require assistance with completing this form, please telephone our office

Please ensure you sign and date this form on page 4.

	LECAL CENT
SECTION A	
Your name and address	The name and address of the client of the legal practitioner, if you are not the client
First name ROBERTA	First name
Surname WILLIAMS	Surname
	(n c .)
Address	Address
PASCOE VALE SM Postcode 3044	Postcode
Phone Home ()	Phone Home ()
Work ()	Work ()
Date of birth Male Female	
Country of birth NECOLIA	_
3, 4, 1,	
15	
Details of the legal practitioner against wh	om you complain
Name of legal practitioner /// // //	FOBBO
(One legal practitioner name only per form)	
Name of practitioner's firm/chambers	
Address	
	Postcode
A. Carteria de la companya della companya della companya de la companya della com	
Phone	Contact
Users was a manifestally assumptioned to the Users Co-	mises Commissioner Level Output description
	rvices Commissioner, Legal Ombudsman, Victorian mited or the Victorian Bar about this matter?
Have you previously complained to the Legal Se Lawyers RPA Limited/Law Institute of Victoria Li	
Lawyers RPA Limited/Law Institute of Victoria Li	

Building Law Civil Liberties Commercial Law Company Law Constitutional Law Conveyancing	Enviro Equal Famil Freed Immig	nation onmental Law Opportunity y / Defacto om of Information gration Law trial Relations		Motor Vehicle I Motor Vehicle I Personal Injury Planning Law Probate & Esta Taxation Law	Accident	
Banking Law Building Law Civil Liberties Commercial Law Company Law Constitutional Law Conveyancing Crimes Compensation	Equal Famil Freed Immig	Opportunity y / Defacto om of Information gration Law		Personal Injury Planning Law Probate & Esta	ر مانوان	
Civil Liberties Commercial Law Company Law Constitutional Law Conveyancing	Famil Freed Immig	y / Defacto lom of Information gration Law		Planning Law Probate & Esta		
Commercial Law Company Law Constitutional Law Conveyancing	Freed Immiç Indus	lom of Information gration Law		Probate & Esta	te	
Company Law Constitutional Law Conveyancing	Immiç Indus	gration Law			te	- [
Constitutional Law Conveyancing	Indus			Taxation Law		
Conveyancing		trial Relations				
	Insolv			Trade Practices	3	
Crimes Compensation	1110011	rency Law		Wills		
	Intelle	ectual Property		WorkCover		
Criminal Law	Leasi	ng		Unsure		
Debt Collection	Morto	gages		Other (specify i	f possible)	
What do you hope to	achieve by ma	king this complai	nt? (Please	list expectatio	ns)	
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What would you like financial loss, please			(If your con	cern is about	costs or a	
n the space below please:						
give a brief description of t	the events that led t	o your complaint (Wh	at happened?	When? Who was	s involved?)	
state what your particular onegligence, etc.)	complaints are (e.g.	poor communication	, quality of sen	vice, behaviour, c	lishonesty,	
include details of significan	nt events such as da	ates of meetings and	court hearings			
		REPRESENTA	S A./	1000.151	0 1.0	10
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SECTION C | Dispute about legal costs and/or financial loss

Do not complete this section unless there is a problem about costs and/or you have suffered a financial loss

Yes No No	File reference no.	
The least see	etitiones has sued to seconds outstanding seets	
rne legal pra	ctitioner has sued to recover outstanding costs	
Yes (give detail	s) When?	12-6-4
No 🗆	· 技术技术 11 美,数据2.2.2 以此,12 14 2	THE PERSON
COSTS (You you a	can only make a complaint under this part against a lawyer who was repres are a beneficiary)	senting you or an estate or trust whe
I had a writte	en agreement with the legal practitioner about costs	
Yes [(please att	ach photocopy) No 🗆	
I attach a cop	y of my bill(s) from the legal practitioner	
Yes 🗆 No 🗆	(Details of the bill(s) must be provided)	
Yes \(\) No \(\)	(Details of the bill(s) must be provided) ount of the bill(s) in this matter is/are:	
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SECTION C continued

FINANCIAL LOSS (You can only make a complaint under this part against a lawyer who was representing you)

I have lost money as a result of the legal practitioner's actions

Yes Give details including:

- what the legal practitioner did or did not do to cause your financial loss;
- · how you have calculated that loss; and
- the amount of your loss or your best estimate of that loss

(Compensation for stress etc. cannot be claimed.)

If you do not have enough space attach another page

SECTION D

I ask the Legal Services Commissioner to investigate any disciplinary complaint described in this Complaint Form and to attempt to resolve any civil dispute. I am aware that the Legal Services Commissioner will usually send a copy of this complaint to the legal practitioner concerned.

1	Cost agreement	Date	/	/									
2	Bill(s)	Date(s)	/	/		/	1			/	/		
3	Letter(s) to Legal Pra	actitioner <u>Da</u>	ite(s)	/	1		/	/	15	2	1	/	
4	Letter(s) from Legal I	Practitioner	Date(s)	/	1		/	/		ž.	/	-/	
5	Others:												

I have completed all relevant sections and have attached photocopies of the following documents;

If you are making this complaint on behalf of somebody else (eg. your partner or parent) please include signed written authority from that person allowing you to complain on their behalf.

Please note failure to provide all relevant information may mean that the Legal Services Commisioner is unable to handle your complaint.

SIGNED	m	~	Date 102/08 ·
Name (please print)	Roberta	WILLAMS	

Collection Statement

The Legal Services Commissioner is bound by laws that protect your privacy concerning the collection, use and disclosure of your personal information. Where you do not provide the information required by this form, the Legal Services Commissioner may refuse or be unable to process this transaction. The Legal Services Commissioner may need to disclose your personal information to other State and Commonwealth Agencies. You can request access to your personal information by contacting us.

How did you hear about the Legal Services Commissioner? (please tick)

Family Member	Friend	Work Colleague	Legal Practitioner
Newspaper	Television	Radio 🗆	Internet
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Other (specify)

Send completed form with all attachments to:

Legal Services commissioner

Level 9/330 Collins Street Melbourne VIC 3000 1300 796 344 (local call) or (03) 9679 8001 fax (03) 9679 8101 www.lsc.vic.gov.au