



LAW SOCIETY
OF THE NORTHWEST TERRITORIES

DISCIPLINE COMPLAINT FORM

INSTRUCTIONS

Complete as much of this form as you can and return it to the following address:

ATTN: Chairperson, Discipline Committee
Law Society of the Northwest Territories
5204-50th Avenue; Box 1298
Yellowknife, NT X1A 2N9

IF YOU ARE COMPLAINING ABOUT MORE THAN ONE LAWYER, A SEPARATE COMPLAINT FORM MUST BE SUBMITTED FOR EACH INDIVIDUAL LAWYER.

PERSONAL INFORMATION

1. Your Name: _____

Address: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Phone: HOME (____) _____ - _____ WORK (____) _____ - _____ CELL (____) _____ - _____

Email: _____

2. By which phone number do you prefer we contact you? HOME WORK CELL

3. May we contact you at work? YES NO

4. Are you currently represented by a lawyer? YES NO

IF YES, Lawyer's Full Name: _____

Address: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

IF NO, were you previously represented by a lawyer in the matter you are complaining about?

YES NO

Former Lawyer's Name: _____

Address: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

LAWYER YOU ARE COMPLAINING ABOUT

5. Are you complaining about your own lawyer or somebody else's lawyer?

Your own lawyer. Someone else's lawyer.

6. **IF YOU ARE COMPLAINING ABOUT YOUR OWN LAWYER:**

When did you retain the services of the lawyer? _____

Have you discussed your complaint with your lawyer? YES NO

IF YOU ARE COMPLAINING ABOUT SOMEONE ELSE'S LAWYER:

Lawyer's Full Name: _____

Address: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Is the lawyer you are complaining about representing the opposing party? YES NO

Who does the lawyer represent? _____

Have you discussed your concerns with this lawyer? YES NO

Have you discussed your complaint with your lawyer? YES NO

INFORMATION ABOUT YOUR COMPLAINT

7. Does your complaint arise from a legal proceeding in which you are/were involved? YES NO

IF YES, What is your involvement in this matter? _____

Is your case finished? YES NO

Please provide, if possible, the following information:

a) The name of the Court (i.e. Territorial, Supreme) _____

b) The court file number _____

c) The date of the next hearing [if applicable] _____

8. What type of legal work is involved? [check more than one, if appropriate]

- | | |
|---|--|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Collections/Debtor/Creditor |
| <input type="checkbox"/> Wills & Estates | <input type="checkbox"/> Civil Litigation |
| <input type="checkbox"/> Labour/Employment | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Corporate/Commercial | <input type="checkbox"/> Family/Divorce |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Other [please specify] |
- _____

9. **IF YOU ARE COMPLAINING ABOUT AN ESTATE:**

What is the name of the deceased? _____

Are you the Executor/Executrix? YES NO

Are you a beneficiary? YES NO

10. What is your complaint regarding? [check more than one, if appropriate]

- | | | |
|---|---|--|
| <input type="checkbox"/> Breach of undertaking | <input type="checkbox"/> Delay | <input type="checkbox"/> Failure to send bill |
| <input type="checkbox"/> Conflict of interest | <input type="checkbox"/> Failing to answer letters or telephone calls | <input type="checkbox"/> Inadequate representation |
| <input type="checkbox"/> Delay/inactivity | <input type="checkbox"/> Failing to complete work | <input type="checkbox"/> Inadequate/wrong advice |
| <input type="checkbox"/> Excessive fees | <input type="checkbox"/> Not accounting for your money | <input type="checkbox"/> Missed court appearance |
| <input type="checkbox"/> Failure to account for trust monies | <input type="checkbox"/> Not keeping you informed about your case | <input type="checkbox"/> Misuse of court system |
| <input type="checkbox"/> Failure to communicate | <input type="checkbox"/> Bad legal advice | <input type="checkbox"/> Rudeness |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Refusing to return your files, papers | <input type="checkbox"/> Threatening |
| <input type="checkbox"/> Failure to release file/records | <input type="checkbox"/> Mistakes causing you to lose money | <input type="checkbox"/> Withholding funds |
| <input type="checkbox"/> Failure to respond to communications | | <input type="checkbox"/> Other [Please specify] |
- _____

11. Starting with your main concern, describe your complaint in your own words, providing sufficient information to enable us to understand the nature of your concern. **Please use a separate sheet of paper and attach it to this form. Either typed or handwritten is acceptable.**

12. Have you previously submitted a complaint to us regarding this matter? YES NO

13. Is there anything the lawyer could do to address your concerns? YES NO

14. Would you consider mediation as a way to resolve your complaint? YES NO

BY SIGNING AND SUBMITTING THIS FORM:

1. You acknowledge that you are aware a copy of this form and any attachments to it may be sent to the lawyer about whom you are complaining in order that he/she may respond in a proper manner when asked to do so.
2. You permit us to discuss your complaint with your lawyer or former lawyer, if applicable, so that we may gather all the information necessary to deal with your complaint.
3. You therefore waive any solicitor-client privilege related to your complaint and its background, and authorize your lawyer or former lawyer to fully discuss these matters with us.
4. You consent to the release of any information concerning your complaint which may be held by a third party, (such as the Legal Services Board or the Workers' Safety and Compensation Commission) to the Society and to those who will deal with your complaint.
5. You acknowledge the personal information collected in this questionnaire
 - a. will be used by the Law Society of Northwest Territories ("Society") for one or more purposes contemplated by the Legal Profession Act, the Rules of the Society and the Code of Professional Conduct.
 - b. may be shared with affiliated bodies, including (but not limited to) the Canadian Lawyers Insurance Association (CLIA).
 - c. may be used or disclosed by the Society, now or in the future, for regulatory purposes, including Society investigations and proceedings.

Dated and signed at _____ in the Province/Territory of _____

this _____ day of _____, 20_____.

Signature of Complainant

We may contact you to obtain additional information or to obtain clarification on the information you provided. Should you have any questions about the collection, use or disclosure of this information, please contact the Law Society at (867) 873-3828.