



Legal Services Society

# RECORD OF COMPLAINT

TO REGISTER THIS COMPLAINT, please forward a copy of this page to the:  
**Audit and Investigation Department**  
**LEGAL SERVICES SOCIETY, Suite 400, 510 Burrard Street, Vancouver BC V6C 3A8**  
**Email: [complaints@lss.bc.ca](mailto:complaints@lss.bc.ca) Fax: 604-682-0979**

**Your contact information:**

(You may choose to be anonymous)

Your name:

Phone:

Address:

**My complaint is about an LSS:**

- Client** (provide name, date of birth, address and any other available information)
- Lawyer** (provide name and location of practice)
- Staff member/Local Agent Staff** (provide name and office location)
- Policy** (provide details)
- Other** (provide details)

**Brief description of the complaint:**

(Please be factual. Describe what took place and on what dates. You can use point form and provide copies of any relevant documents).