Client Complaint Form

Please fill out the form below and return it to info@lexuslaw.com with the subject line 'Complaint Submission'.

Matter Number	File Ref

Personal Details

Forename	Middle Name	
Surname	Former Name	
Home Address 1	Home Address 2	
Town/City	Postcode	
Telephone (H)	Telephone (M)	
Telephone (W)	Email	

Method of Communication Preference

Please provide details of the person handling your matter

Forename		Surname			
Department					
Have you notified this person of your concern?					
Yes	Yes No				
What is your complaint regarding?					
Services Provided Our Fees Other (please state below)					
Comments in respect to the above question					

What kind of legal work was invo	olved?
Please provide details of your cor	nplaint
Problem	Date you first became aware
Please describe the effect this has had on you	

Have you contacted anyone else about your complaint?

Yes (please provide details below)	No		
What action would you like us to take to resolve the matter?			
Signed	Date		