

CLIENT COMPLAINT FORM

We understand that you have expressed dissatisfaction with the service we have provided and we are eager to investigate the matter fully to resolve any issues. So that we can understand your complaint, please complete the form below. We are required to respond to your complaint within 8 weeks of receipt.

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Your details:

Title:	
Name:	
Address:	
Telephone:	
E-Mail:	

Firm details:

Our Reference:	
Fee-Earner:	

Complaint details:

Details of Complaint:	
How would you like us to deal with your complaint?	In writing / A meeting / Other (please state)