



## Ethics complaint form

We will use your personal information as well as the information you give us in the form below to carry out our work regulating the legal profession. This form must be sent by email to: [ethics@avukati.org](mailto:ethics@avukati.org). You will get a confirmation from us once we have received your form and you can expect to hear from us again within ten (10) working days.

### About completing this form

When you complete the form, you should set out the facts as clearly as possible. You do not need to use formal or legal language. The important thing here is that we have enough information to understand what your concern is.

It is also important that we have all the relevant information and documents to assess your concern. Please provide any supporting documents that you think we need to see (such as emails or letters). Unless you think we need it, you do not need to send all the documents related to any case you were involved in. The key documents that support your concerns will normally be enough. If we think we need more information, we will ask you for it.

We will normally disclose this report with the concerned parties, however, if you wish for this to remain confidential, we will try to respect any such requests.

### Section 1 – Personal details

|  |  |
|--|--|
| Title  |  |
| Name   |  |
| Address  |  |
| Email  |  |
| Phone Number   |  |
| We normally contact people by email, but please advise if you want us to contact you in another way. |  |

Section 2 – The person against whom the complaint is being filed

Please give us the following details:

|   |  |
|---|--|
| Name of person you want to tell us about? |  |
| Address of person?                        |  |
| Email address                             |  |
| Phone number                              |  |

Section 3 – What is the complaint?

|  |  |
|--|--|
| Does this relate to any other report that has previously been made to the Chamber? |  |
| If yes, please give the reference number and/or details                            |  |
| Please tell us when the thing you want to report took place.                       |  |
|  |  |

Please give us the details about the complaint

Please indicate any witnesses you might have and if you have their consent to contact them

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|--|--|
| Does this matter relate to a court case? |  |
|--|--|

|         |  |  |
|---------|--|--|
| If yes: | Name of case                           |  |
|         | Name of court                          |  |
|         | Reference number                       |  |
|         | What is your relationship to the case? |  |
|         | Is the case ongoing?                   |  |
|         | Dates of any upcoming hearings         |  |

|  |  |
|--|--|
| Have you made a report about this to any other organisation? |  |
|--|--|

Please tell us about what happened with your report or complaint, including reference numbers and the details of any outcome

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Is there anything else you want to tell us?

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**Declaration**

By signing the box below and submitting the form you are:

- declaring that all the information you have given in this form is, as far as you know, true, complete and accurate; and

I confirm that the information given in this form is true, complete and accurate.

\_\_\_\_\_

Signed

\_\_\_\_\_

Printed name (Block letters)

## Declaration of Consent

*Authorisation to Forward Complaint to the Commission for the Administration of Justice*

### To Whom It May Concern,

I, the undersigned, hereby confirm that I have submitted a complaint to the Chamber of Advocates regarding the conduct of a legal professional.

I understand that for this complaint to be further reviewed or investigated, it may be necessary to refer the matter to the **Commission for the Administration of Justice**.

I hereby give my full and informed consent for the details of my complaint, including any supporting documentation and personal information contained therein, to be forwarded to the **Commission for the Administration of Justice** for their attention and any action they may deem appropriate.

I confirm that I understand:

- The nature and purpose of the referral.
- That the information disclosed will be limited to what is strictly necessary for the Commission to assess and investigate the complaint; and
- That I may be contacted directly by the Commission in relation to this matter.

### Client Details

Full Name: \_\_\_\_\_

ID/Passport Number: \_\_\_\_\_

Address: \_\_\_\_\_

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Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

