

Complaint Form

Any complaint we receive is taken seriously and treated in confidence. We will use the issues raised through feedback to improve our service and standards.

Please use this form to tell us about your complaint. To help us to ensure that your complaint is dealt with quickly and by the right person/department, please provide the following information:

|  |  |
| --- | --- |
| Your name and if applicable your organisation name: |  |
| LAA account number and the name of your contract manager (if you are a legal aid provider): |  |
| Client’s name (if different from above): |  |
| Please provide a contact telephone number and e-mail address:  **Please note** that we will respond to your complaint by telephone or e-mail unless an alternative is requested. |  |
| Alternative contact method and details: |  |
| Is this your first or second complaint: |  |
| What is your complaint about?  **Please note** that before submitting a complaint about a delay to a process, application, bill or letter we request that you check the processing dates:  <https://www.gov.uk/guidance/legal-aid-agency-payments-to-providers> |  |
| **Please tell us what your complaint is about and how we can put things right.** You should provide as much detail as possible and also enclose any relevant documentation which will help to resolve your complaint. |  |
|  |  |
| Date sent: |  |