

Please complete Section 1 and 7, and any other Section(s) that apply to your complaint. It would assist the Society if you would attach all relevant documentation.

COMPLAINT SUBMISSION FORM

Section 1

Full name(s) and surname:

Identity Number:

Postal address:

Postal Code:

Telephone (work):

Telephone (home):

Name of attorney against whom complaint is lodged:

Name of attorney's practice:

Name and place where attorney practices:

Date when you gave instructions to your attorney?

Briefly describe what action you instructed your attorney to take, and against whom:

When did you last consult with or hear from your attorney?

Section 2

If your complaint relates to a Third Party/MVA claim (motor vehicle accident/injury):

Date of accident:

Were you a driver, passenger or a pedestrian?

Where did the accident occur?

Has your claim been settled? If so, when?

Have you received any payment? If so, how much?

Section 3

If your complaint relates to a Deceased Estate:

Name of Deceased:

Date of death of the Deceased:

Are you the Executor, Heir or Creditor to the Estate?

Section 4

If your complaint relates to a Transfer of a property:

Are you the Seller or Purchaser?

Give the name of the other party:

