



## Client Feedback Form

We are interested in hearing what you think about our services – it helps us improve what we do.

Your feedback; complaints, compliments and suggestions – are welcome and we take them seriously.

### How Can I Give Feedback?

Complaints, compliments and suggestions can be made by:

- Speaking to any Regional Office Manager or staff member who will direct your inquiry if they are unable to assist.
- Calling the Roster Manager at 780-422-6152
- Completing this form and emailing it to [roster@legalaid.ab.ca](mailto:roster@legalaid.ab.ca) or mailing it to the Roster Manager at 400, 10320 102 Avenue, Edmonton, Alberta, T5J 4A1

This form is to assist you in making a complaint, suggestion or expressing a compliment or concern to Legal Aid Alberta. All information is strictly confidential.

If you feel unsure about anything or would like help to complete this form, please speak to the Roster Manager who can be reached at [roster@legalaid.ab.ca](mailto:roster@legalaid.ab.ca) or by phone at (780) 422-6152

### Personal Details

Legal Aid Alberta will contact you using the information you provide below. If you are not comfortable with Legal Aid contacting you by one of these means, please indicate that you do not want us to contact you in that form.

Name: Mr/Mrs/Miss/Ms \_\_\_\_\_

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

Postal code: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Have you lodged a complaint with Legal Aid Alberta before?**

Yes       The matter was resolved       The matter was not resolved

No       Comments: \_\_\_\_\_

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**Is there someone else (legal representative or support person) that you would like involved in making this complaint?**

Yes       No

Name of legal representative/support person \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Details of the complaint**

Is the complaint related to:

- Your lawyer      Details \_\_\_\_\_
- Service delivery      Details \_\_\_\_\_
- Facilities      Details \_\_\_\_\_
- Specific incident      Details \_\_\_\_\_
- Employee of the organisation      Details \_\_\_\_\_

What happened?

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Where it happened?

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When it happened? (Include date if possible)

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Who was involved? (List all persons involved and witnesses)

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Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. (Inform the witness that they may be contacted by the organisation to discuss the matter.)

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Any other relevant details:

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**Have you discussed the matter with the person/s involved?**

Yes  No

If yes, what was the outcome, if any? Please attach a copy (not the original) of your complaint to the respondent and any letter of reply you have received.

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If no, is there any reason/s that you cannot do so? Do you need help to do this, e.g. for safety reasons, cultural reasons?

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**How would you like to see your complaint resolved? What action would you like LAA to take to resolve your complaint?**

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**Additional information/supporting documentation**

To help us resolve this matter as fast as we can, please ensure your contact details are up to date. If your details change, please let Legal Aid Alberta know as soon as you can.

**NOTE: *Submitting this form by email is equivalent to a written signature.***

If you wish to mail or fax the form, please print and sign and send to the following:

Attention:  
Anne Margaret Wall  
Roster Manager  
400 Revillon Bldg.  
10320-102 Avenue  
Edmonton, AB T5J 4A1

Fax: (780) 415-2618

Signature: \_\_\_\_\_ Date: \_\_\_\_\_