

# Making a **complaint** about a legal aid provider

Please use this form if you want to make a complaint about a legal aid provider who is/has provided legal services to you or someone you know. You don't have to use this form. You can send us a complaint by post or email.

Before making a complaint, we encourage you to try to resolve any issues by talking to the legal aid provider directly, unless it is inappropriate to do this.

*You may complete this form online or print and complete. If there is not enough room on this form, please attach pages.*

1. If you complete the form online, please email to [legalaidcomplaints@justice.govt.nz](mailto:legalaidcomplaints@justice.govt.nz)

2. If you print and complete the form, please send to  
**Legal Aid Providers**  
**National Service Delivery**  
**Ministry of Justice**  
**Level 3, Justice Centre**  
**19 Aitken Street**  
**Wellington 6011**  
*(or SX10088, Wellington)*

## PART 1

### Your details

Title  Mr  Mrs  Ms  Miss  Dr  Other \_\_\_\_\_

Given name \_\_\_\_\_

Family name \_\_\_\_\_

**Your role as complainant**  legal aid client  friend or relative (of legal aid client)

court staff  lawyer  judge

other \_\_\_\_\_

#### Your contact details

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Postal address \_\_\_\_\_

What is the best way to contact you?  phone  email  post



## PART 3

### Confirmation

#### Agreement statement

- I agree that the information I have provided with this complaint is true and correct to the best of my knowledge.
- I would like the Ministry to look into my complaint and, if appropriate, refer conduct issues to the New Zealand Law Society.

#### Disclosure statement

If you do not agree to the Ministry or legal aid provider disclosing information about the complaint, we may not be able to investigate your complaint.

- I understand that you will send a copy of my complaint to the legal aid provider for their comments.
- I have waived lawyer-client privilege so the Ministry can investigate my complaint.

If you are making this complaint on behalf of a legal aid client.

- I understand that by signing this form I consent to the Ministry disclosing the complaint to the legal aid provider who is the subject of this complaint.

#### Signature

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#### Date

D	D	/	M	M	/	Y	Y	Y	Y
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## PART 4

### Sending in your complaint

#### Before sending in this form check

- Filled in parts 1-3
- Attached any extra pages used when there wasn't enough room on this form
- Attached any documents that support the complaint

When you have completed this form please send to:

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