

**INSTITUTE OF PARALEGALS**

 **COMPLAINTS FORM**

***N.B. 1. This form can only be used for complaints about members of the Institute of Paralegals. Please check whether the Paralegal you wish to complain about is a member of the IOP.***

 ***2. Please note that you, as the complainant, need to have exhausted the complaints procedure of the Paralegal in question, and to send us evidence of this, before we are able to hear the complaint.***

Please use this form if you want to make a complaint about any aspect of the conduct that you have experienced from a member of the IOP.

The information you provide on this form will enable us to deal with your concerns quickly.

Please ensure that you have read and understood the IOP Complaints Procedure before making a complaint.

When you have completed this form, please scan and send it to us via email **ONLY** at office@theiop.org.

In all cases, please tick the relevant boxes. Please note that all fields are mandatory for the complaint to be taken into consideration.

**Part 1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Ms |  | Miss |  | Other |  |
| Your surname: |  |
| Your first names: |  |
| Your address and postcode: |  |
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|  |  |
| Your daytime Tel No: |  |
| You Mobile Tel No: |  |
| Your email address: |  |

**Part 2**

**How would you like us to contact you?**

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | When is the best time to call? |  |
| Letter |  |  |
| Email |  |

We will do our best to contact you in the way you would prefer. However, we may need to write to you from time to time even if you have asked us to contact you by telephone.

We want to make sure that our service is accessible to everyone. If you have a disability or health condition that affects your use of our service, we will make all reasonable adjustments to our service so that you can access it. Adjustments can include giving you extra help or changing the way we provide our service.

**Do you have any particular needs?**

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| --- | --- | --- | --- |
| **Yes**  |  | **No** |  |

If you have answered ‘yes’, please tell us how we can best help you to deal with your complaint.

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**Part 3**

**Details of the person you are complaining about or reporting**

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| Name of the IOP member |  |
| Name of Company (if known) |  |
| IOP’s member address or Company address: |  |
| Tel No: |  |
| Email address: |  |

**Part 4**

**Details of your complaint**

Please describe your concerns as clearly as possible.

(i) Please outline the sequence of events

(Start at the beginning. Explain what happened in your own words. Try and work your way through the events in sequence. Use short sentences and plain English. Make each important point a sentence on its own. If you have a document as evidence that illustrates a point you want to make, cross reference to it. Try and keep it factual.)

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(ii) Please provide an outline of the agreement and your instructions.

(Tell us what you asked the Paralegal to do, and what they agreed to do. If you have supporting documents make cross reference to them.)

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(iii) Please tell us what happened.

(Tell us what happened, for example, what didn’t the Paralegal do that you wanted or expected to be done, or what did the Paralegal do that you didn’t want them to do? If you have documents to support your points make cross reference to them.)

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(iv) Causation.

(Explain to us how the action or omission of the Paralegal caused you to suffer a detriment).

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(v) What would you like to happen? (Please outline what you would like the Paralegal to do to put this matter right)

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**We recommend that you take a photocopy of this form before you send it to us.**

**In submitting this form to us you are agreeing to the terms of the complaint procedure and that we have your permission to send a copy of this form and any documents accompanying it and future correspondence received from you in relation to this matter to the person who is the subject of your complaint. You also agree to accept and be bound by the findings of the IOP’s Membership Team or Secretariat.**

**Sign above and date**

**Print name above**