

COMPLAINT FORM FOR LEGAL AID OF NORTH CAROLINA, INC.

WAIVER OF CONFIDENTIALITY IS REQUIRED FOR MAKING A COMPLAINT

Waiver of Confidentiality

I understand that I have given confidential or private information to Legal Aid of North Carolina. By filing this complaint, I agree to give up my right to keep this information confidential so that my complaint will be reviewed.

Signature

Date

IF YOU NEED HELP TO FILL OUT THIS FORM, CONTACT YOUR LEGAL AID OFFICE

I, _____ complain about:

(Print Name)

Check one box only:

- LANC will not represent me
- I am dissatisfied with the services or representation provided by LANC staff.
- I am dissatisfied with the services or representation provided by a volunteer attorney.

I am complaining because _____

(Use back of sheet or additional pages if more space is needed.)

I want LANC to take care of my complaint by doing the following: _____

(Use back of sheet or additional pages if more space is needed.)

Signature

Today's Date

Address: _____

Telephone Number: _____

Mail Completed Form to:
Executive Director
Legal Aid of North Carolina, Inc.
Post Office Box 26087
Raleigh, North Carolina 27611