

5RB Complaint Form

About you

1	Your name		
2	Your address		
3	Postcode*		
4	Email*		
5	Telephone		
6	Are you a solicitor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Are/were you a client of 5RB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Are you complaining on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Are you complaining on behalf of someone else? If so	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a)	What is that other person's name?		
(b)	Is/was that person a client of 5RB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

About your complaint

12	State the date of your complaint: DD/MM/YYYY	/	/201
13	Who are you complaining about?		
14	When did the cause for complaint arise?		
15	What did the person do or fail to do, that you want to complain about?		
16	What do you want done about the matter?		

- One or other of these is required, as contact information.