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| |  | | --- | | **Complaint Form Related to Legal Services Provided by an**  **Advocacy and Legal Consultancy Firm** |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Particulars of the Complainant:** | | | | | | | | | | | **Full Name:** |  | | | | | | **Nationality** | |  | | **Address:** | **Building** |  | **Street** |  | **Area** |  | **Emirate** | |  | | **Tel.:** | **Mobile** |  | | **Work** |  | | **Home** |  | | | **Email:** |  | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Particulars of the provider of Legal Services against whom the complaint is filed** | | | | | | | | | | | **Name:** |  | | | | | | | | | | **Capacity:** | **□ Advocate** | | | | **□ Legal Consultant** | | | | | | **Firm Name:** |  | | | | | | | | | |  |  | | | | | | | | | | **Address:** | **Building** |  | **Street** |  | | **Area** |  | **Emirate** |  | |  |  |  | | --- | --- | | 1. **Details of the Complaint** | | | **Facts:** |  | | **Remedy claimed:** |  | | **\* Note: Where more clarification on the complaint is required, additional pages may be used and attached to this form.** | |  |  |  | | --- | --- | | 1. **Action taken by the complainant before filing the complaint** | | | 1. **Approaching the provider of legal services against whom the complaint is filed** | **□ Yes □ No** | | 1. **Submitting the complaint to other competent entities** | **□ Yes □ No** | | 1. **Legal action taken in respect of the complaint (please state, if any):** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. **Documents attached** | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | **I, the undersigned, declare that the above information is true and that I will be held legally responsible if it is proven otherwise.** | | | | | | | **Full Name:** |  | **Signature:** |  | **Date** |  | |  | | | | | | | **Complaint filed by:** | | | | | | | **Full Name:** |  | | | **Capacity:** |  | | **Contact Details:** |  | **Signature:** |  | **Date:** |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **For Internal Use of the Government of Dubai Legal Affairs Department** | | | | | | | | |  | |  | | | | | | | **Complaint submitted:** | | **□ By hand □ Through representative □ By post □ By email □ By fax** | | | | | | | **Is the complaint form submitted together with all necessary attachments in accordance with the conditions adopted by the Department?** | | | | | | **□ Yes □ No** | | | **The Legal Counsel who reviewed the complaint prior to registration:** | | |  | | **Signature:** | |  | | **Received by:** |  | | **Signature:** |  | **Complaint No.:** | |  | |