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| **Complaint Form Related to Legal Services Provided by an** **Advocacy and Legal Consultancy Firm** |

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| 1. **Particulars of the Complainant:**
 |
| **Full Name:** |  | **Nationality** |  |
| **Address:** | **Building** |  | **Street** |  | **Area** |  | **Emirate** |  |
| **Tel.:** | **Mobile** |  | **Work** |  | **Home** |  |
| **Email:** |  |

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| 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** |  |

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| --- |
| 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:**  |  |

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| 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.:**  |  |

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