

Request for Review by the Complaints Resolution Commissioner

Before you complete the request form, please read the Office of the Complaints Resolution Commissioner (CRC) information sheet.

A request for review must be made **in writing** within **60 days** of the day you are notified that the Law Society will not be taking further action and that a review is available to you. Please complete and send a separate Request for Review form for separate complaints.

To submit a Request for Review, please complete this form online or send it by facsimile, email or regular mail. Our contact information is as follows:

Office of the Complaints Resolution Commissioner
393 University Avenue
Suite 515
Toronto ON M5G 1E6
Telephone: 416-947-3442
Toll Free: 1-866-880-9480
Fax: 416-947-5213
Email: complaintsreview@lso.ca

If you have any questions about your request for a review, please contact our office.

1. INFORMATION ABOUT YOU (THE COMPLAINANT)

Salutation: Mr. ___ Ms. ___ Mrs. ___ Dr. ___ Other (specify): _____

First Name: _____ Last Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Fax Number: _____ Email: _____

Address: _____ Unit/Apt.: _____

City: _____ Province: _____ Postal Code: _____

What is the best way to contact you from Monday to Friday between the hours of 9:00 a.m. and 5:00 p.m. (select one)?

Telephone

Email

Are you a licensed lawyer or paralegal: Yes ___ No ___

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2. DETAILS OF LAW SOCIETY COMPLAINT

- Law Society file number: _____
- Name of lawyer/paralegal: _____
- Date of Law Society's letter notifying you that the file was closed: _____
- What is your relationship to the lawyer/paralegal?
___ Client ___ Opposing lawyer or paralegal ___ Other (specify): _____
- Are you acting under a Power of Attorney or some other form of authorization? ___ Yes ___ No **If yes**, please include supporting documentation with your Request for Review.

List any other complaints you have submitted which are still under investigation with the Law Society:

File Number(s)	Name of Lawyer(s)/Paralegal(s)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____



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3. PREFERENCE FOR REVIEW FORMAT

Please check **one** box to show your preference for the format of the Commissioner's review.

- In Person** - At the Office of the Complaints Resolution Commissioner in Toronto.
- Conference Call** - Your telephone number for the Review Meeting: _____
- In writing** - In your absence, based on the documents in the file.

The information in the Law Society's file will be provided to the Commissioner in advance of the Review Meeting. Please do not resend copies of documents already provided to the Law Society.

If you want to send written submissions or additional documents, please send them to the Office of the Complaints Resolution Commissioner as soon as possible.

4. REASON FOR YOUR REQUEST FOR REVIEW

Please briefly explain why you believe the Law Society's decision to close the file was not reasonable. Before you complete this section, please review the information sheet which explains the Commissioner's role.

5. SIGNATURE

Date: _____ **Name:** _____

Please advise us if, given your needs, you require the Office of the Complaints Resolution Commissioner communications in an alternate format that is accessible or if you require other arrangements to make our services accessible to you.