

LEGAL PRACTICE COUNCIL
GENERAL NOTICE 2001 OF 2023

NATIONAL OFFICE
Thornhill Office Park
Building 20
94 Bekker Road
Vorna Valley, Midrand
Tel: 010 001 8500



THE SOUTH AFRICAN LEGAL PRACTICE COUNCIL

NOTICE IN TERMS OF SECTION 95(1) & (4) OF THE LEGAL PRACTICE ACT, 28 OF 2014

Notice is hereby given that the Council amends the Rules of the Council made under the authority of sections 95(1), 95(3) and 109(2) of the Legal Practice Act, 28 of 2014 (as amended) by replacing the existing Schedule 5 to the Rules 45.2 of the with the Scheulde as provided for below:

Signed at Midrand on 18 August 2023.



Ms C Nzuzi

Executive Officer: Legal Practice Council

Schedule 5

(Rule 45.2)

The Legal Practice Council
Complaint of Misconduct

In this document the "respondent" is the person or firm against whom the complaint is made, and means an advocate, attorney, candidate legal practitioner or a juristic entity (i.e. a firm of attorneys) all as defined in the Legal Practice Act ("the Act").

*** WE WILL ACKNOWLEDGE YOUR COMPLAINT AND GIVE YOU A REFERENCE NUMBER. PLEASE QUOTE OUR REFERENCE NUMBER AT ALL TIMES ***

Please note that it is your duty to inform the Legal Practice Council of any change in your address or contact particulars after this complaint has been lodged.

1. COMPLAINANT	
a. Complaint by member of the public.	YES/NO
b. Complaint by legal practitioner.	YES/NO
c. Complaint by the Judiciary.	YES/NO

2. COMPLAINANT'S DETAILS	
Full name and surname :	
Identity number :	
Home address and postal code :	
Postal address and postal code :	
E-mail address :	
Cellphone Number :	
Alternative contact details (Address):	

Please state in what capacity you are lodging the complaint:	

3.	RESPONDENT'S DETAILS
Full name and surname or firm name :	
Where is the respondent practising?	
If the respondent is an attorney, the name of the firm, and if the respondent is an advocate, the name of the Chambers where he/she is practising.	

4.	DETAILS OF YOUR INSTRUCTIONS
On which date did you engage the respondent?	
What was the nature of your engagement with the respondent?	
What behaviour on the part of the respondent do you believe constituted misconduct?	
When last did you engage with the respondent? (Provide details)	
Do you have written proof of your engagement with the respondent?	
If so, please provide a copy.	Annexure :

5.	NATURE OF YOUR COMPLAINT
	Into which of the following categories does your complaint fall?
	Failure to account for money
	Failure to respond to communications

	Failure to deal properly with your instructions
	Fees and costs
	Behaviour of the respondent
	Other - please provide details
	What behaviour on the part of the respondent do you believe was unprofessional?

6.	NATURE OF THE ENGAGEMENT
	Third party/motor vehicle accident claim
	Deceased estate
	Property transaction
	Divorce proceedings
	Criminal proceedings
	Other, please provide details Please complete only if your complaint does not fall within any of the above categories (use a separate schedule if the space is insufficient)

7.	IF YOU ARE A LEGAL PRACTITIONER/JUDGE/MAGISTRATE, COMPLAINING ABOUT A RESPONDENT PLEASE COMPLETE THIS PARAGRAPH. PROVIDE DETAILS OF YOUR COMPLAINT

8.	DETAILS OF YOUR COMPLAINT
Did the respondent send you any letters before or after your engagement with him/her/it? (If you are in possession of such letters, please enclose only the letters relevant to your complaint)	
	Annexure/s:
Did you sign a fee agreement with the respondent? If yes, please provide a copy.	
	Annexure/s:
Did you pay a deposit to the respondent? If yes, please provide proof of such payment.	
	Annexure/s:

Please state point by point why you are unhappy with the respondent? In what way did he/she/it conduct himself/herself/itself unprofessionally?? (Use a separate schedule if the space is insufficient)

The POPIA Act seeks to balance the right to privacy against other rights which include a right to protection against the unlawful collection, retention, dissemination and the use of personal information.

- I HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL DATA IN THIS COMPLAINT FORM BY THE LEGAL PRACTICE COUNCIL, ITS DESIGNATED EMPLOYEES, COMMITTEES, COUNCIL AND PROVINCIAL COUNCIL MEMBERS IN THE EXERCISE OF THEIR OFFICIAL DUTY FOR THE SOLE PURPOSE OF CARRYING OUT ITS FUNCTIONS IN THE INVESTIGATION AND CONSIDERATION OF MY COMPLAINT.

SIGNATURE

DATE