



43

THE ADVOCATES COMPLAINTS COMMISSION

HELP FORM

SUMMARY OF A COMPLAINT AGAINST AN ADVOCATE

(Please complete in block letters)

Section One—Personal Details

1. (a) Your full name
(Please state if Mr./Mrs./Miss/Other)
(b) Personal identification (e.g. identity card/passport/driving licence number, etc.)
2. Your address
3. Your telephone number(s)
- Would you prefer us to telephone you at home or at work?

Section Two—The Advocate About Whom You are Complaining

4. The name of the advocate
5. The name of the firm, if applicable
6. Address (postal and physical)
7. Telephone number(s)
8. Is the advocate you are complaining about acting for you?
9. If no, for whom does the advocate act?
(e.g. landlord, employer)
10. When did you first instruct the advocate?
11. If the advocate you are complaining about is acting or has acted for you please answer these questions:
 - (a) Have you already raised your complaint in writing either with the advocate himself or a senior partner in the firm? If so, who?
(and state the advocate's file reference number(s))
 - (i) If yes, enclose copies of all relevant correspondence: Enclosed/Not Enclosed.
 - (ii) If no, please briefly advise why you have not raised the matter

- (b) When did you first raise your complaint with your advocate(s)?
- (c) Have the advocates told you they will no longer act for you?
- (d) Is the matter you are complaining about finalized?
 If so, have you received the bill
(please attach a copy if possible)
- (e) Have you paid any fee to your advocate(s)?
- (i) If so, how much have you paid?
(please attach copy of receipts)
- (ii) Was the fee, if paid, fixed pursuant to a written agreement duly executed between you and your advocate(s)?
(please enclose a copy of the agreement)
12. Have you instructed a new advocate to act for you in the same matter?
 If yes, please give brief particulars of your new advocate(s) as we may need to contact him/them, at no charge to you.
- (a) Name and address of new advocate(s)
(please include postal and physical addresses, telephone and fax numbers, etc.)
-
-
- (b) The new firm's name, where applicable
-
13. When did you instruct your new advocate(s)?
-
14. Can we contact your new advocate(s) to discuss your complaint?

Section Three—The Kind of Work Involved

(Completion of this section in full is a must)

15. (a) Briefly state what kind of legal work you instructed your advocate(s) to do
-
-
-
-
- (b) What is the status of the legal work done so far?
-
-
- (c) If a suit has been filed, please give particulars of the suit, including suit number, the court, parties involved, the state it has reached, etc.
-
-
-
-

Section Four—Further Information About the Work Involved

If you are complaining about how a deceased person's affairs are being handled, please answer questions 16-21:

16. The name of the deceased
17. Date of death
18. The name(s) and address(es) of those dealing with the deceased person's affairs (e.g. executor, administrators)
.....
.....
19. Are you a beneficiary?
(that is, are you due to receive something from the deceased's will?)
20. Names and addresses of other beneficiaries
.....
.....
21. If the matter relates to a road accident, the following question must be answered in full. Attach photocopy of police abstract:
 - (a) Name(s) and address(es) of the person(s) injured or killed
.....
.....
.....
 - (b) Name(s) and address(es) of insured, if any
.....
.....
 - (c) Name(s) and address(es) if insurer(s)
.....
.....
 - (d) Insurance claim and policy numbers
.....
 - (e) Amount of compensation awarded/settlement KSh.
 - (f) Amount paid to you or beneficiary KSh.

Section Five—What Exactly is Your Complaint?

22. Please say briefly what you are dissatisfied with and why, and or what you think the advocate did wrong or what he failed to do
.....
.....
(if we need more information we will contact you)

Section Six—Setting Your Complaint

23. Please say what you would like done to put things right

.....

.....

.....

.....

.....

Date

Signed
(Unsigned helpform will be rejected)

To be sent to:
The Secretary,
The Advocates Complaints Commission,
Sacria House, 3rd Floor,
Harambee Avenue,
P.O. Box 48048-00100, Nairobi
Tel. +254-20-227461, 251915
Fax: 315317