# W H Law LLP

SOLICITORS

Specialist Workplace and Health & Safety Lawyers

## CLIENT COMPLAINT FORM

| **Name** | |
|---|---|
| **Address** | |
| **Contact Telephone No** | |
| **Our reference if known** | |
| **Date** | |
| **Fee earner with conduct of your matter** | |

**Outline of complaint**

***(Please use separate sheet if required)***

**Signed**.....

**Dated**.....