

LEGAL AID OF NORTH CAROLINA, INC. (LANC)

YOU MUST SIGN WAIVER OF CONFIDENTIALITY TO HAVE COMPLAINT CONSIDERED

Waiver of Confidentiality

I understand the information that I have furnished to LANC is treated as confidential information to the extent required by the Rules of Professional Conduct of the State Bar of North Carolina. By filing this grievance, I request that the materials related to my complaint be reviewed by the appropriate individuals designated in the LANC Complaint Procedure, and waive privilege and confidentiality as to those persons only.

Signature

IF YOU NEED HELP FILLING OUT THIS FORM, CONTACT YOUR LOCAL LEGAL AID OFFICE

APPEAL OF DECISION

Check one only:

I, _____, disagree with the Senior Managing Attorney's decision.
(Print Name)

I, _____, disagree with the Executive Director's decision.
(Print Name)

The reasons I disagree with the decision are: _____

(Use back of sheet or additional pages if more space is needed.)

Signature

Today's Date

Address: _____

Telephone Number: _____

Mail Completed Form to:

Executive Director
Legal Aid of North Carolina, Inc.
Post Office Box 26087
Raleigh, North Carolina 27611

