

LEGAL AID OF NORTH CAROLINA, INC. (LANC)

Instructions to File a Client Complaint or Grievance about the Manner or Quality of Legal Assistance

NOTE: TO PROCEED UNDER THIS POLICY, YOU WILL BE REQUIRED TO SIGN A WAIVER OF CONFIDENTIALITY STATEMENT. THE WAIVER MEANS THAT YOU ARE GIVING UP YOUR RIGHT TO KEEP THE INFORMATION THAT YOU GAVE TO LANC CONFIDENTIAL.

1. **If you are not satisfied with the legal representation provided** by the LANC staff, then you should tell the staff person that you want to file a complaint or grievance. If you are not happy with the staff person's response, ask to speak with the Senior Managing Attorney.
2. The Senior Managing Attorney will explain how you can make a complaint against LANC. You may make your complaint in person or by telephone to the Senior Managing Attorney or you may fill out a written complaint form called Client Complaint about Manner or Quality of Legal Assistance. The Senior Managing Attorney can help you fill out a written complaint form, if necessary. The Senior Managing Attorney will speak with you about your complaint, review your file and speak with other staff persons. The Senior Managing Attorney will make a decision about your complaint.
3. If you are not satisfied with the Senior Managing Attorney's decision, then you may appeal to the LANC Executive Director within thirty (30) calendar days after you are told the decision. If the thirtieth calendar falls on a holiday, Saturday or Sunday, then your last day to take action will be the next weekday. For example, if a holiday falls on a Tuesday, then your last day to appeal is Wednesday. If the thirtieth day falls on a Saturday or Sunday, then your last day to appeal is Monday. You will need to file the Appeal of Decision form. The Senior Managing Attorney can help you fill out the appeal form, if necessary. The Executive Director will investigate your complaint promptly before sending you a decision in writing. The investigation may include speaking with you, speaking with LANC staff and reviewing your file. The decision will be made and sent to you in a timely manner.
4. If you are not satisfied with the Executive Director's decision, then you have fifteen (15) calendar days from the date of the decision to appeal to the Client Grievance Committee of the LANC Board of Directors. If the fifteenth calendar falls on a holiday, Saturday or Sunday, then your last day to take action will be the next weekday. For example, if a holiday falls on a Tuesday, then your last day to appeal is Wednesday. If the fifteenth day falls on a Saturday or Sunday, then your last day to appeal is Monday. The Executive Director can help you fill out the appeal form, if necessary. This Committee has two (2) members who are eligible clients of LANC. Within fifteen calendar days after receiving your appeal, the Committee will meet and decide whether to have a hearing about the complaint. If no hearing is held, the Committee will make a decision within five (5) business days of its meeting date and the Chair will then send you a written decision promptly. This decision is final and cannot be appealed to the full LANC Board.
5. If the Client Grievance Committee decides to hold a hearing, then you and LANC staff persons may attend and present oral or written statements. You can have another person come with you to the hearing. The Committee will make a decision within five (5) business days after the hearing is over and the Chair will then send you a written decision promptly. This decision is final and cannot be appealed to the full LANC Board.



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

Client Complaint about Manner or Quality of Legal Assistance

I, _____, am dissatisfied with the manner or quality of the
(Print Name)
assistance that I have received because _____

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

I want LANC to take care of my complaint by doing the following: _____

I want LANC to do this no later than: _____ because: _____
(Date)

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

