No. 46739 145

### LEGAL PRACTICE COUNCIL

NOTICE 1227 OF 2022

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 intends to amend 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 the replacement of the existing Schedule 5 to the Rules with the proposed Schedule that is below.

In terms of Section 95(4)(a) of the Legal Practice Act, interested persons are called upon to comment to the Council in writing on the draft amendment.

Please note that all comments must be sent by email to rules@lpc.org.za by no later than 19 September 2022.

Signed at Midrand on 10 August 2022.

Ms Janine K Myburgh Chairperson: Legal Practice Council

Executive Committee: Ms Janine Kim Myburgh – Chairperson, Adv. Kennedy Tsatsawane SC - Deputy Chairperson, Ms Kathleen Matolo-Dlepu, Mr Miles Carter,

Mr Priyesh Daya, Adv. Brenton Joseph SC, Mr Pritzman Busani Mabunda, Executive Officer: Ms. Charity Nzuza

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## 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):	

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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
	n date did you engage	
the resp	ondent?	
What wa	is the nature of your	
engagen	nent with the respondent?	
	ehaviour on the part of the ent do you believe constituted uct?	
When last did you engage with the respondent?		
(Provide		
,	,	
	nave written proof of your nent with the respondent?	
If so, ple	ase 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		

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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)

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You are further requested to advise if you have taken any legal action against the respondent. (if yes, please provide brief details)

Complainant

NB : PLEASE ATTACH SUPPORTING DOCUMENTS RELATING TO YOUR MATTER I.E. STATEMENTS OF ACCOUNT, RECEIPTS, LETTERS ETC THAT WILL ASSIST THE LPC TO INVESTIGATE THE MATTER. PLEASE CLEARLY MARK YOUR ANNEXURES.

PLEASE SEND YOUR COMPLAINT TO THE LEGAL PRACTICE COUNCIL PROVINCIAL OFFICE IN WHICH THE RESPONDENT IS PRACTISING.

- GAUTENG
- MPUMALANGA
- LIMPOPO
- NORTH WEST
- WESTERN CAPE
- EASTERN CAPE
- NORTHERN CAPE
- KWA ZULU NATAL
- FREE STATE

PROTECTION OF PERSONAL INFORMATION ACT, ACT NO. 4 OF 2013 (POPIA)

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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