

Complaints form

Your full name and address :

Day-time telephone number (*optional*) :

May we call you on this number? Yes / No

E-mail address (*optional*) :

Who you are complaining about :

The names of the parties to the case :

Date and place of hearing (if any) :

The nature of your complaint (in as much detail as possible) :

What you would like done about it :

Please return by post to: East Anglian Chambers, 5 Museum Street, Ipswich IP1
1HQ, marking the envelope "Complaints Officer"
or e-mail to: fmclaren@ealaw.co.uk