



LEGAL AID ONTARIO
AIDE JURIDIQUE ONTARIO

QUALITY ASSURANCE PROGRAM
PROGRAMME D'ASSURANCE DE LA QUALITÉ

CONSENT FORM FOR A CLIENT COMPLAINT

I UNDERSTAND that (*name of clinic*) has a duty of confidentiality and will not share any information* (except financial information) that I provided while receiving legal services from the clinic with anyone without my consent.

I UNDERSTAND that the complaint I have made will be reviewed by the clinic board. The clinic board is unable to review my complaint fully, however, unless I agree to allow the clinic to share confidential information about my matter with the board.

I UNDERSTAND that I do not have to agree to allow the clinic to share my confidential information with the clinic board.

I HAVE READ THE ABOVE, UNDERSTAND IT AND HAVE NO QUESTIONS TO ASK.

I AGREE to allow the clinic to share confidential information about my matter with the clinic board so that the board can review fully my complaint.

Date

Client's Name and Signature

Witness

* NOTE: This does not apply to information about financial eligibility, which a clinic can share with a board without client consent.

The client consent form should be as precise as possible and should include a notice that information provided to the board may be used by the clinic to pursue or defend any action that it feels is appropriate to follow up fully on the complaint.

QAP has not included the wording of such a notice as it may involve labour issues that are beyond the scope of QAP.

The clinic should be alert to the possibilities that action taken by the clinic resulting from a complaint could lead to a grievance or other labour issue, or a civil suit for wrongful dismissal, defamation or other damages which, if the client has not consented to the clinic using confidential information for such purposes, could put the clinic in a difficult position of being unable to defend itself adequately.