

**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](mailto: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

## 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.

	COMPLAINANT
<b>1.</b>	
a. Complaint by member of the public.	YES/NO
b. Complaint by legal practitioner.	YES/NO
c. Complaint by the Judiciary.	YES/NO

<b>2.</b>	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):	

Please state in what capacity you are lodging the complaint:	

<b>3.</b>	<b>RESPONDENT'S DETAILS</b>
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.	

<b>4.</b>	<b>DETAILS OF YOUR INSTRUCTIONS</b>
On which date did you engage the respondent?	
What was the nature of your engagement with the respondent?	
What behaviour on the part of the respondent do you believe constituted misconduct?	
When last did you engage with the respondent? (Provide details)	
Do you have written proof of your engagement with the respondent?	
If so, please provide a copy.	Annexure :

<b>5.</b>	<b>NATURE OF YOUR COMPLAINT</b>
<b>Into which of the following categories does your complaint fall?</b>	
	Failure to account for money
	Failure to respond to communications

	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?

<b>6.</b>	<b>NATURE OF THE ENGAGEMENT</b>
	Third party/motor vehicle accident claim
	Deceased estate
	Property transaction
	Divorce proceedings
	Criminal proceedings
	Other, please provide details <b>Please complete only if your complaint does not fall within any of the above categories</b> (use a separate schedule if the space is insufficient)

<b>7.</b>	<b>IF YOU ARE A LEGAL PRACTITIONER/JUDGE/MAGISTRATE, COMPLAINING ABOUT A RESPONDENT PLEASE COMPLETE THIS PARAGRAPH. PROVIDE DETAILS OF YOUR COMPLAINT</b>





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