



## COMPLAINT FORM

Please use this form to file a complaint or grievance with us.

We require a written complaint from the owner of the account(s) in question, indicating the subject of the complaint, the issues involved and specific information regarding times, dates and events. While an individual may file a complaint on behalf of someone else, we require written authorization from the owner of the account in order to proceed with our review of the complaint.

Receipt of your complaint will be acknowledged and if further information is required, the Company's representative will contact you.

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### 1. Customer Information

Mr./Mrs./Ms./Miss/Dr. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Preferred time and telephone number to be contacted: \_\_\_\_\_

### 2. Your Account Information

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

### 3. Details of the complaint

Is the complaint related to?

Employee of the organization \_\_\_\_\_

Service delivery \_\_\_\_\_

Facilities \_\_\_\_\_

Specific incident \_\_\_\_\_

What happened? Please provide a complete chronological summary of your complaint. Attach additional sheets as required. Further details may be requested from you later in the complaint process.

\_\_\_\_\_

\_\_\_\_\_

5. Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

