



Consumer Complaint Form

1. Complainant Details:

Given Name	
Last Name	
City/Town	
Province	
Email	
Phone	
Address	

2. Service Provider (Licensee) Details:

Service Provider	
Customer subscription number	
Service Type being complained of	
Do you have Service Provider's complaint reference number?	
If Yes, Complaint Reference number	
If No, please provide date that complaint was made to the Service Provider	
Name of individual complaint reported to	
Complaint Outcome (How was it resolved)	

Brief Description of the complaint:

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The desired remedy you are seeking:

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Complainant Declaration:

I hereby declare that the information provided is true and correct.

Date:

Signature:

Office Use Only:

Complaint Received By Officer	
Date Received	
Method of lodgement(Walk-in/email)	
Complaint Reference #	
Date Resolved	
Signature	