

## **CONSUMER COMPLAINT FORM**

## **CONSUMER INFORMATION**

Name: Please print or type Last	First	Middle Initial
Address:		
City:	Province or Territory:	Postal Code:
How may we contact you?		
Phone: Day: () Evening THIS OFFICE WILL HANDLE A COMPLAIN' BUSINESS. If you do not want your complai	T ONLY IF A COPY OF YOUR CO	MPLAINT CAN BE SENT TO THE
	BUSINESS INFORMATION	ON
Name of Business Involved:  Please print or type Business Address:		
City:		
Phone: ( ) N	Jame of Owner or Manager (If kn	own):
Names and Addresses of any other business	ses involved in your complain <u>t:</u>	
Item or Service Purchased:		
Cost of Item or Service:Did y	you sign a contract? Y N Accou	nt # ( if applicable):
Date of Transaction:——/ ———/	— Salespersons:———	
Was an advertisement involved? Y N	Date and Source of Adver	tisement:
	ABOUT YOUR COMPLAI	NT
Have you complained to the Business: Y N	If YES, to whom:	
What response did you receive?		
If you have not contacted the business, expl	ain why no <u>t:</u>	
Have you filed a complaint about this busine	ess with Consumer Services befo	re? Y N If Yes, the date://
Have you contracted a private attorney? Y	N	

EXPLAIN YOUR COMPLAINT IN DETAIL (use additional	al pages if necessary):
What do you think the business should do to resolve y	our complaint?
In filing this complaint with Consumer Services of Murstating that the information you are providing is true to information can by used by Municipal and Community	o the best of your knowledge and that the
<b>Please Note:</b> The <i>Consumer Protection Act</i> is amended access and provide for security of information collecte continue to apply despite <i>the Access to Information, Pro</i>	d during investigations under the Act
SIGNATURE	DATE