CONSUMER COMPLAINT FORM

CONSUMER INFORMATION

<table>
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<tr>
<th>Name:</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Address:

City: __________________________ Province or Territory: __________ Postal Code: ______

How may we contact you? ____________________________________________________________

Phone: Day: (____) __________ Evening: (____) __________ Email: __________________________

THIS OFFICE WILL HANDLE A COMPLAINT ONLY IF A COPY OF YOUR COMPLAINT CAN BE SENT TO THE BUSINESS. If you do not want your complaint sent to the business, please explain:

________________________________________

BUSINESS INFORMATION

Name of Business Involved: __________________________________________________________

Address:

City: __________________________ Province or Territory: __________ Postal Code: ______

Phone: (____) __________ Name of Owner or Manager (If known): __________________________

Names and Addresses of any other businesses involved in your complaint:

________________________________________

Item or Service Purchased:

Cost of Item or Service: __________ Did you sign a contract? Y N Account # (if applicable): __________

Date of Transaction: ______/_____/____ Salespersons: __________________________

Was an advertisement involved? Y N Date and Source of Advertisement: __________________________

ABOUT YOUR COMPLAINT

Have you complained to the Business: Y N If YES, to whom: ____________________________

What response did you receive?

If you have not contacted the business, explain why not:

Have you filed a complaint about this business with Consumer Services before? Y N If Yes, the date: ____/_____/____

Have you contracted a private attorney? Y N

Is there a court or other legal proceeding pending? Y N If YES, please explain: __________________________
EXPLAIN YOUR COMPLAINT IN DETAIL (use additional pages if necessary):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

What do you think the business should do to resolve your complaint?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In filing this complaint with Consumer Services of Municipal and Community Affairs, you are stating that the information you are providing is true to the best of your knowledge and that the information can by used by Municipal and Community Affairs in the office’s enforcement activities.

**Please Note:** The *Consumer Protection Act* is amended to ensure that the provisions that limit access and provide for security of information collected during investigations under the Act continue to apply despite the *Access to Information, Protection of Privacy Act*.

________________________________________________________________________

SIGNATURE

DATE