Box 2703, Whitehorse, Yukon Y 1-800-661-0408 (extension 8468	3)
	Complaint Form
Name:	
Any Other Names Known By:	
Address:	
Home Phone:	Alternate Phone:
	E-Mail Address:
Contact Restrictions:	
1. My complaint is about the fo	llowing authority: (name of department, school, college, or hospita
<ol> <li>Summarize your complaint. reference numbers and relevant</li> </ol>	Please provide sufficient detail to explain the problem, including ant dates.

## Complaint Form

3. Describe any steps you've taken to try and resolve your complaint with the authority (including names and titles and phone numbers of any person you have been in contact with about your complaint.)

4. Provide the details of any appeal or review that may have been held and the outcome.

5. Why do you believe the authority's actions are unfair?

6. Describe the result or outcome that you seek.

7. If you consider the matter urgent, explain why.

Signature: