



Complaint Form

The Ministry of Government Services attempts to resolve disputes between consumers and businesses. It is important that you contact the business before sending us your complaint as your concerns will not be addressed until you have first approached the business directly.

Should you require assistance please call (416) 326-8800 or 1-800-889-9768.

Please complete questions one to 13 on this form.

1	Consumer Mailing Address Last Name _____ First Name _____ Address _____ Unit/Suite _____ City/Town _____ Province/State _____ Postal/Zip Code _____ Country _____
2	Consumer Contact Information Work Telephone Number () _____ Home Telephone Number () _____ Fax Number () _____ E-mail Address _____
3	Complaint Against Business Name _____ Contact Name _____ Contact Title _____ Address _____ Unit/Suite _____ City/Town _____ Province/State _____ Postal/Zip Code _____ Country _____ Telephone Number () _____ Fax Number () _____ E-mail Address _____ If your complaint is against a collection agency or bailiff, please name the collector or bailiff and specify the issue you have with this person. _____ _____ _____

Details of Complaint

4	Description of goods or services _____	5	Date of supply of goods or services
6	Value of goods or services \$ _____	7	Method of payment for goods or services: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order
8	How was your contract formed? By: <input type="checkbox"/> Mail <input type="checkbox"/> Door-to-door <input type="checkbox"/> Over the counter <input type="checkbox"/> E-commerce <input type="checkbox"/> Telephone <input type="checkbox"/> N/A		
9	Please provide copies of your contract, bill of sale, invoice, receipt and/or warranty and any relevant correspondence as applicable. Please do not send originals , as they will not be returned. If you were not given any documents, briefly explain why. _____		
10	Briefly describe your concerns about the business. _____ _____ _____ _____ _____		
11	What do you want the business to do to resolve your complaint? _____ _____		
12	Where did you hear about us? _____ (please do not disclose personal names)		
13	Important Notice		
	The personal information gathered on this form, and in any subsequent submissions you make is collected in compliance with section 38(2) of the <i>Freedom of Information and Protection of Personal Privacy Act</i> , R.S.O. 1990 F.31 and the <i>Consumer Protection Act 2002</i> , S.O. 2002 Chap.30, Schedule A, as amended.		
	You will not be placed on any mailing lists. Any personal information you give us will only be used for the purposes of complaint mediation and/or investigation of the business practices of the business. By submitting this form you declare the information you provide to be true and correct. You are also consenting to the sharing of the information you submit, to the business in question, any government ministry (federal or provincial), agency, board or commission, any self-regulatory body or association and any law enforcement agency.		
	Date _____ Signature _____		

Please return your completed, signed form and supporting documentation to:



Ontario

Ministry of Government Services
Consumer Protection Branch
5775 Yonge Street, Suite 1500
Toronto ON M7A 2E5
Fax: (416) 326-8665