



Complainant

[Empty box for Complainant's Full Name]

(Complainant's Full Name)

For Office Use Only:
Case Number: _____

[Empty box for Complainant's Full Address]

(Complainant's Full Address: Include City/Town, Province and Postal Code)

[Empty box for Home Telephone Number]

(Home Telephone Number)

[Empty box for Work Telephone Number]

(Work Telephone Number)

COMPLAINT FORM

The **Consumer Protection Branch** assists consumers in resolving disputes with businesses. Where assisting, the Branch will take into account relevant legislation. **The Branch does not deal with disputes between businesses.**

The **Consumer Protection Branch** requests that you make an effort to deal with the business regarding your complaint before filling out and forwarding this form. Please note that the Branch cannot force a business to resolve your complaint or give you compensation. You may have to go to court to resolve the problem.

Sharing of Information – Important Notice

The person or business you are complaining about is entitled to have a copy of this complaint.

Complaint Information

2. Name, Address and Telephone and Fax Number of Business the Complaint is Against:

[Empty box for Business Information]

3. Have you discussed your complaint with a staff member and/or the manager of the business?

Yes No

If yes, indicate the name of the person you spoke to, the date and the details of the discussion. *(If more space is needed, attach a separate sheet)*

[Empty box for Discussion Details]

4. Attach copies of any letters you may have sent to the business and a copy of the business's reply if you received one.

5. Provide a brief description of your complaint including relevant dates. *(If more space is needed, attach a separate sheet)*

6. What do you consider to be a fair resolution of your complaint?
(If more space is needed, attach a separate sheet)

7. If your complaint involves (a) contract (b) bill of sale (c) invoice/receipt and/or (d) warranty/guarantee, please include a photocopy of the document(s) relating to your complaint (do not send originals). If you were not given any documents, briefly explain why.

8. Name, Address and Telephone Number of contact person, if other than complainant (*Include: name and address in full and a daytime telephone number*)

9. Have you completed #s 1 to 9 of this form and attached the documentation required in #5?

Yes No

Authorization Form - Disclosure of Information – Important Notice

1. The following is an authorization form that allows the Registrar to use and disclose your personal information to particular persons and entities. Please read it over carefully. If you have any questions about this form, please call or write to the address and telephone number indicated on the front of the complaint form.
2. The information on the complaint form is being collected by the Registrar under the authority of *The Auctioneers Act, The Cemeteries Act, 1999, The Charitable Fund-raising Businesses Act, The Collection Agents Act, The Credit Reporting Agencies Act, The Direct Sellers Act, The Motor Dealers Act, The Sale of Training Courses Act, and The Consumer Protection Act*. By signing

this form, you are consenting to the Registrar and those members of the public service of Saskatchewan employed in the office of the Registrar to use and disclose the personal information contained in the complaint form and any additional information that you supply as follows:

- For the purpose of administering and enforcing one of the statutes noted above;
- For the purpose of investigating and resolving your complaint; and
- For any other purpose for which the information was obtained or for a use consistent with that purpose.

3. In particular, you are consenting to the use and disclosure of the personal information you have provided to the following persons or entities:

- The business with whom you have the complaint;
- Government ministries;
- Self-regulatory agencies or associations;
- Law enforcement agencies;
- Your employer, if your complaint involves your employer.

4. If there are persons or entities listed in clause 3 above, which you do not wish us to disclose personal information to, please list those persons or entities below.

_____	_____
_____	_____
_____	_____

I hereby authorize the Registrar to use and disclose the information I have submitted about my complaint to the persons and entities listed in clause 3, as required. I have not consented to the disclosure of personal information to the specific persons and entities listed in clause 4 (if any).

Date

Complainant's Signature

Signature of Individual Completing Form
(if other than Complainant)

Please note that if you are submitting this complaint form on behalf of a complainant, the complainant must sign this authorization form.
Return your completed, signed complaint form and authorization form by facsimile, mail, or hand delivery to the Consumer Protection Branch at the address indicated on the top of the complaint form.