

# CANADIAN CONSUMER COMPLAINT FORM

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Respondent Information (Business or Individual):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address (if known): \_\_\_\_\_

## Complaint Details:

Nature of Complaint:

Date(s) of Incident(s): \_\_\_\_\_

Amount in Dispute (CAD): \_\_\_\_\_

Steps Taken to Resolve:

## Desired Resolution:

## Legal Acknowledgments and Declarations:

I hereby declare that the information provided in this complaint is true, complete, and accurate to the best of my knowledge. I understand that providing false information may have legal consequences. I authorize the appropriate authorities and the respondent to use this information for the purposes of resolution and legal compliance under applicable Canadian laws. I acknowledge that submission of this complaint does not guarantee a specific outcome but initiates a formal process under Canadian consumer protection statutes.

Signature of Complainant: \_\_\_\_\_  
Date: \_\_\_\_\_

**Witness / Notary (if applicable):**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Privacy Notice:**

The information collected in this complaint form will be handled in accordance with applicable Canadian privacy laws, including the Personal Information Protection and Electronic Documents Act (PIPEDA). Complainants have the right to access and correct their personal information. For more information, please refer to the relevant agency's privacy policy or contact their office directly.

**COMPLAINANT SIGNATURE**

**OFFICIAL RECEIVING COMPLAINT**

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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