



# Complaint Form

The Ministry of Small Business and Consumer Services attempts to resolve disputes between consumers and businesses. It is important that you contact the business **in writing** 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 14 on this form.

<b>1</b>	<b>Consumer Mailing Address</b>	
	File # _____	
	Last Name _____	First Name _____
	Address _____	
	Unit/Suite _____	City/Town _____
	Province/State _____	Postal/Zip Code _____
	Country _____	
<b>2</b>	<b>Consumer Contact Information</b>	
	Home Telephone Number (     ) _____	Cell Phone Number (     ) _____
	Work Telephone Number (     ) _____	
	Fax Number (     ) _____	E-mail Address _____
<b>3</b>	<b>Complaint Against</b>	
	Business Name _____	
	Contact Name _____	
	Contact Title _____	
	Address _____	
	Unit/Suite _____	City/Town _____
	Province/State _____	Postal/Zip Code _____
	Country _____	Fax Number (     ) _____
	Telephone Number (     ) _____	Cell Phone Number (     ) _____
	E-mail Address _____	
	<b>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.</b>	
	_____	
	_____	
	_____	
<b>4</b>	Description of goods or services	<b>5</b>
	_____	Date of Agreement
	_____	_____

<b>6</b>	a) Total value of goods or services  \$ _____  b) Amount deposited or paid  \$ _____	<b>7</b>	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 <input type="checkbox"/> N/A
<b>8</b>	How was your agreement 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		
<b>9</b>	Briefly describe your concerns about the business.  _____ _____ _____ _____ _____ _____ _____ _____		
<b>10</b>	What do you want the business to do to resolve your complaint?  _____ _____ _____ _____		
<b>11</b>	Where did you hear about the Consumer Protection Branch? (please do not disclose personal names)  _____		
<b>12</b>	Have you written to the business about this issue?  <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>13</b>	Please provide copies of your contract, bill of sale, invoice, receipt and/or warranty and any relevant correspondence as applicable. <b>Please do not send originals</b> , as they will not be returned. If you were not given any documents, briefly explain why. _____  _____		
<b>14</b>	<b>Important Notice</b>  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:



**Ministry of Small Business and Consumer Services**  
**Consumer Protection Branch**  
**5775 Yonge Street, Suite 1500**  
**Toronto ON M7A 2E5**  
**Fax: 416-326-8665**