

Complaint Record

Information	
Personal	Company
Name: _____ Address: _____ City/Town: _____ Postal Code: _____ Email: _____ Facsimile: _____ Phone (Home): _____ Phone (Work): _____ Signature: _____ Date: _____	Name: _____ Address: _____ City/Town: _____ Postal Code: _____ Fax or email: _____ Phone: _____ Contact: _____ Title: _____

Description of Complaint

Description of Complaint (continued)

Desired Outcome or Objective

You may submit your complaint/enquiry by mail, with any pertinent information, to the following address:

**Consumer Affairs Division
Government Service Centre
5 Mews Place
P.O. Box 8700
St. John's, NL
A1B 4J6**

Or you may also fax your complaint to 709-729-6998 or you may scan information and/or email consumeraffairsaccount@gov.nl.ca. If you want to speak to us, you can call: 729-2600 / 729-2660 / Toll Free: 1-877-968-2600. By signing the following, you have consented to share this document with the business in question, or other parties as necessary.

_____/_____ Date_____.

Please Print / Sign