COMPLAINT FORM

Contract/certificate number: _____

1. Your information

☐ Ms. ☐ Mr.

Last name: _____ First name: _____

Home address

Nº: _____ Street: _____ Apt.: _____

City: _____ Province: _____ Postal code: _____

Phone number (home): _____ Phone number (work): _____

Fax number: _____ Email: _____

2. Describe your complaint

- **The nature of the complaint, including the harm you believe you've suffered.**
- **The facts that led you to file the complaint.**

3. What outcome or settlement would you like to see? Alternatively, what do you propose?

_____ Y Y Y Y M M D D

Signature Date

PLEASE ATTACH TO THIS FORM ALL COPIES OF DOCUMENTS YOU CONSIDER IMPORTANT IN THE ANALYSIS OF YOUR COMPLAINT.

7171 Jean Talon Street East, Suite 301, Montreal, Quebec H1M 3N2 – Tel. 514-329-3333 Toll-free 1-800-363-5956 – Fax 514-328-1173 – info@cabinetmra.com

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