

Complaint Record

Information	
Personal	Company
<p>Name: _____</p> <p>Address: _____</p> <p>City/Town: _____</p> <p>Postal Code: _____</p> <p>Email: _____</p> <p>Facsimile: _____</p> <p>Phone (Home): _____</p> <p>Phone (Work): _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City/Town: _____</p> <p>Postal Code: _____</p> <p>Fax or email: _____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Title: _____</p>
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
Service NL
Government of Newfoundland Labrador
P.O. Box 8700
149 Smallwood Drive
Mount Pearl, 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