



Complaint Form

Your Contact Information

Name:

Last

First

Address:

Street Address

Apartment/Unit #

City

Postal Code

Contact Number:

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Regulated Member whom you are submitting a complaint against

Name:

Last

First

Address:

Street Address

City

Postal Code

Phone:

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Details of your complaint (attach additional sheet(s) if necessary)

Please describe the attempt(s) that you have made to resolve your complaint with the Regulated Member

Knowing that the College cannot direct the reimbursement of any monies you have paid to the Regulated Member, what outcome do you want as a result of this complaint process?

(Your Signature)

Date