

Complaint Record for Mortgage Brokerage and Brokers

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

Description of Complaint (continued)

Desired Outcome or Objective

N.B.: You may add additional pages if necessary.

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

Consumer and Financial
Services Division, Digital
Government and Service NL
Government of Newfoundland Labrador
149 Smallwood
Drive Mount Pearl,
NL A1N 4B5

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: 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