

Complaint Record

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