

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 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