

# CONSUMER COMPLAINT FORM

Date: \_\_\_\_\_

## Complainant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Best Time to Call \_\_\_\_\_

## Complaint Against:

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Company Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

This complaint has been registered with the Ontario Monument Builders Association with the request to present it to: *(Please check one box)*

- Present it to the Ministry of Consumer and Business Services on the Consumers behalf. The consumer gives permission for the Registrar of Cemeteries to contact them on this matter.
- Settle a dispute.
- Have Ontario Monument Builders Association file complaint.

Please note that this information is confidential and privileged. Copies of this document are provided for the complainant, Ontario Monument Builders Association and the Ministry of Consumer and Business Services, when requested.

Signature of Complainant \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Print Name \_\_\_\_\_

