

OFFICE OF THE WORKER ADVISER

Complaint Form

All fields marked with an asterisk () are required*

*Name: _____

*Address: _____

*City: _____ Province: _____ Postal Code: _____

*Contact Phone: (____) _____ Home Work Cell Pager
(Include area code)

Alternate Phone: (____) _____ Home Work Cell Pager
(Include area code)

Fax: (____) _____ E-mail: _____

Please indicate the best method and time to contact you for information:

1. What is your complaint about? Please explain.

2. Please summarize your complaint providing as much detail as possible. Include relevant dates and circumstances. Use extra pages if necessary.

