

Complaint Submission Form

Instructions: Please complete this form and make note of the warning symbols. Please ensure that all writing is in print lettering as we may not be able to process your complaint if we can't read it.

Customer/Company name (if submitting the complaint on behalf of a small business)		
Your name (if different from Customer name or Company name), relationship to customer or title		
Service address (address where the service is being provided) Street Address, Unit		
City / Town	Province	Postal Code
Billing address (if different from the service address) Street Address, Unit		
City / Town	Province	Postal Code
Contact numbers where we can reach you Monday to Friday between 9am and 8pm Eastern Standard Time (EST).		
Daytime number(s):		
Evening number(s):		
Mobile number(s):		
Email		
Account information	Service/Product name:	
	Account Number:	
	UserID/Name/Logon:	

1. **Are you updating an existing CCTS complaint?** Yes No
 If YES, please provide your CCTS incident number _____

2. **What is your complaint about? Choose all of the following options that apply.***

- Billing error - Please enter the amount you are disputing. \$ _____
- Contract Service Delivery Credit Management Transfer of Service
- Other*: _____

 (The CCTS cannot review complaints about the following, see list below)

Accessibility issues for TV services	Digital Media Services	Emergency Services (e.g. 911)
Internet applications/content	Journalistic ethics in TV	Lack of clarity or information-sharing with consumer (TV only)

Language barriers	Networking services	Offshore outsourcing of customer service
Payphones	Privacy Issues	Rights of way
Rude service provider representative	Security services	Service provider facilities
Simultaneous TV signal substitution	Telemarketing/Unsolicited messages	Third-party fraud/Phone/Internet scams
TV Content	Wait times for customer service	Yellow Pages/Business Directories
900 and 976 pay-per-call services (home phone or wireless phone)		

3. Please select which services are involved

- Home phone (including VoIP) Wireless Internet Television Long Distance
- Directory assistance/Operator services/White pages

4. When did you become aware of the facts leading to your complaint? _____
 DD / MM / YYYY

5. Please provide the name of the Service Provider(s) with whom you wish to file this complaint.

6. What type of account do you have with your Service Provider? Personal Small Business*



The CCTS Cannot accept Television complaints from Small Business customers

7. Did you attempt to resolve your complaint with your service provider? Yes No*



If you answered NO, the CCTS will record the complaint but will not proceed with any action. You must first attempt to resolve the complaint with your Service Provider before the CCTS will get involved.

8. Are any other organizations which have the authority to compensate a customer for losses helping you to resolve this complaint? Yes* No



Other organizations may include the Canadian Radio-television and Telecommunications Commission (CRTC), Better Business Bureau, Competition Bureau, Privacy Commissioner, Small Claims Court, or a Consumer Advocacy Group. If this complaint is currently being reviewed or has been the subject of a previous determination by another organization which has the authority to compensate a customer for losses, the CCTS will record the complaint but will not proceed with any action.

9. Please provide the details of your complaint.

Please ensure that you describe, in as much detail as possible, the steps you took to resolve the issue with your service provider and your service provider's response, please include dates if possible. To assist you, please refer to "Information we need to help you" provided:



What would you consider to be a reasonable resolution of your complaint? **(Required)**

10. Please review the CCTS privacy policy and the Procedural Code starting on page 5. Please check all applicable boxes below, then sign and date the complaint form.

- I understand and agree to the CCTS privacy policy.
- I understand and agree to the CCTS Procedural Code
- I am the person or have the authority to represent the person/company.

Signature

Date (DD/MM/YYYY)

11. Please submit the completed complaint form by:

FAX: 1-877-782-2924

POST: Commission for Complaints for Telecom-Television Services
P.O. Box 56067 Minto Place RO
Ottawa, Ontario K1R 7Z1



Upon receipt of the complaint form, the CCTS will review and provide you with a complaint tracking number. The complaint process begins the next business day following receipt of the complaint.