

## Complaint Submission Form

**Instructions:** Complete this form and make note of the warning and information symbols. Print clearly so we can process your complaint efficiently.

To submit a complaint using our online form: <https://www.ccts-cprst.ca/for-consumers/complaints/>

<b>Account Holder Name / Business Name*</b> (if submitting on behalf of a small business)	<b>Your Name*</b> (if different than the account holder or business name)		
<b>If you are <u>NOT</u> the account holder*</b> Confirm if the account holder provided you with permission to file on their behalf? <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>			
<b>What are your pronouns?</b> <ul style="list-style-type: none"> <li><input type="radio"/> He/Him</li> <li><input type="radio"/> She/Her</li> <li><input type="radio"/> They/Them</li> <li><input type="radio"/> Other- <i>Please specify below:</i></li> </ul>	<b>Service Address*</b> (Address where the services are being provided) Street Address, Unit Number		
	City/Town		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Province</td> <td style="width: 50%; border: none;">Postal Code</td> </tr> </table>	Province	Postal Code
Province	Postal Code		
<b>Provide contact details below where we can reach you          Monday – Friday between 9:00AM and 5:00PM Eastern Standard Time (EST)*</b>			
Daytime Phone Number			
Mobile Number			
Email			
If you would like communication via mail or fax, please confirm your mailing address (if different from service address) and/or fax details here.			
<b>Account Information*</b>	Account Number(s):		
	UserID/Name/Logon:		
	Phone number associated with the account:		

**1. Have you submitted a complaint to us about this problem before\*?**

Yes No



*If you answered yes, please provide the complaint number:*

<b>Complaint Number:</b>
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**2. Have you submitted this complaint to any organization that can compensate you for loss\*? Yes No**

*Some tribunals and courts, such as Small Claims Court can compensate you. The following organizations **cannot** compensate you:*

- *Canadian Radio-television and Telecommunications Commission (CRTC)*
- *Office of the Privacy Commissioner of Canada*
- *Better Business Bureau*
- *Competition Bureau*

**3. When did you become aware of the problem you are complaining about?**

<b>Day</b>	<b>Month</b>	<b>Year</b>
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**4. Choose the kind of account you have with your service provider:**

Individual Small Business

- ***Individual** - This means that your name, or the name of the person who you are filing for is on the bill. This includes accounts that you have through your employer **only if** you are the one who pays the bill.*
- ***Small business** - This means that the name of a small business is on the bill.*



***Important!** We cannot help with television service issues for small businesses.*

**5. Provide the name of the service provider with whom you wish to file this complaint\*:**

<b>Name of Service Provider:</b>
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**6. If your complaint is about a transfer of service, name the service provider that you are leaving and the provider you moved to (or are trying to move to):**


<b>Provider you are leaving:</b>	<b>Provider you are moving to:</b>
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**7. Have you told your service provider about your complaint and given them a chance to resolve it\*? Yes No**

 **If you answered NO, you must first attempt to resolve the complaint with your service provider before the CCTS will get involved.**

**8. What service are you complaining about? Select all that apply\*:**

- Internet** - *internet service delivered to a fixed address.*
- Wireless and Mobile Services** - *mobile (cellular) telephone services including voice, text and data, portable internet services.*
- Landline and internet-based phone**
- Long-distance services-** *including pre-paid long distance calling cards.*
- Television-** *services delivered to a fixed address: Cable, IPTV, Satellite. We cannot help with complaints about television content issues.*
- Directory assistance**
- Operator services**
- White pages**

 The CCTS can help you with issues about billing, service delivery, contract disputes, and credit management.

**9. Provide a brief summary of the complaint. Ensure that you describe the steps you took to resolve the issue with your service provider and your service provider's response. Include dates if possible. \***

**10. What would you like your service provider to do to resolve your complaint?\***

**Examples:** Pay me back the amount they overbilled, fix my service, explain to me what happened, apologize for the problem, let me cancel my service without penalty, change what they said to the credit reporting agency, pay me for my loss; damage; or inconvenience, etc.

**11. We will reach out to you to discuss the details of your complaint. We only accept complaints that are within our mandate.**

**Please confirm your agreement to the following\*:**

**If we accept your complaint, we will do 3 things:**

- Send a copy of the complaint to your service provider.
- Ask your service provider to work with you to solve the issue.
- Ask the service provider to tell us, within 20 days, if the complaint was solved. If the complaint is not solved, we will work with you and your provider to determine how it should be solved.



**We expect you to work with your service provider during this stage. Please be respectful when you communicate with the staff of both the CCTS and your service provider.**

I agree

**12. Please confirm your agreement to the following: I have read the CCTS [Procedural Code](#) and [Privacy Policy](#), and I agree to them\*.**

I agree

**13. If you need support due to a disability, what accommodations do you require to make our process more accessible to you? Please detail these below. *We will make accommodations as long as they are in keeping with the applicable human rights codes.***

**14. How did you hear about the CCTS? Select all that apply:**

<input type="checkbox"/> Through my service provider	<input type="checkbox"/> Notice on bills	<input type="checkbox"/> Website	<input type="checkbox"/> Through a friend or family member
<input type="checkbox"/> Google or other online search	<input type="checkbox"/> Social media	<input type="checkbox"/> News	<input type="checkbox"/> CRTC
<input type="checkbox"/> Other (Please Specify)			

**15. Was it easy to fill out our form?**

Yes    No

**Send this completed complaint form to the CCTS**

**Fax:** 1-877-782-2924

**Mail:** P.O. Box 56067 – Minto Place RO, Ottawa, Ontario, K1R 7Z1