

## **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: <a href="https://www.ccts-cprst.ca/for-consumers/complaints/">https://www.ccts-cprst.ca/for-consumers/complaints/</a>

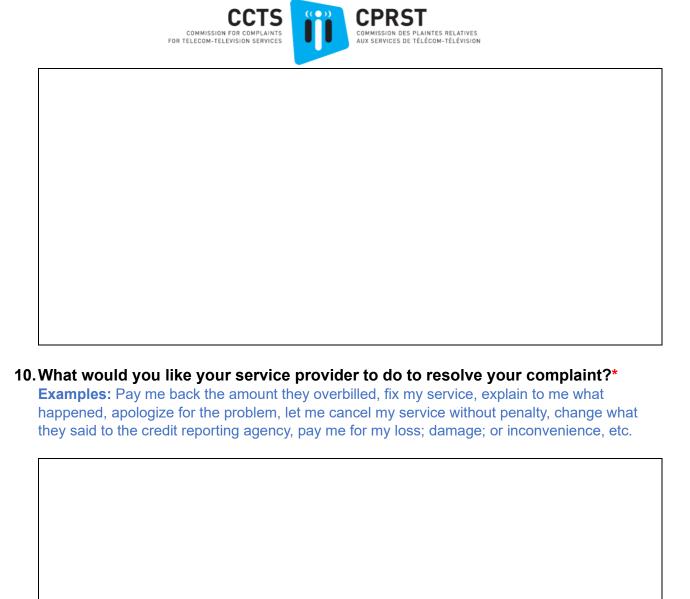
Account Holder Name / Business Name* (if submitting on behalf of a small business)	Your Name* (if different than the account holder or business name)					
If you are NOT the account holds permission to file on their behalf?  • Yes	er* Confirm if the account	t holder provided you with				
<ul><li>No</li><li>What are your pronouns?</li><li>He/Him</li></ul>	Service Address* (Address where the services are being provided)					
<ul><li>She/Her</li><li>They/Them</li><li>Other- <i>Please specify below</i>:</li></ul>	Street Address, Unit Number  City/Town					
	,					
	Province	Postal Code				
Provide contact details below where we can reach you  Monday – Friday between 9:00AM and 5:00PM Eastern Standard Time (EST)*						
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.						
Account Information*	Account Number(s):					
	UserID/Name/Logon:					
	Phone number associat	ed with the account:				



	Complaint Number:						
2.	Have you submitted this complaint to any organization that can compensate you for loss*? □Yes □No						
	Some tribunals and courts, s The following organizations						
	<ul> <li>Canadian Radio-tele and Telecommunica Commission (CRTC)</li> </ul>	tions	Office of the Privacy Commissioner of Canada				
	Better Business Bur	eau •	Competition Bureau				
3.	When did you become a	ware of the problem	you are complaining about?				
	Day	Month	Year				
4.	Day  Choose the kind of acco  □Individual □Small Busine	unt you have with y	<u>'</u>				
4.	Choose the kind of acco □Individual □Small Busine  • Individual - This mea is on the bill. This includes are the one who pays	unt you have with yess ans that your name, or ludes accounts that you	<u>'</u>				
4.	Choose the kind of acco □Individual □Small Busine  • Individual - This mea is on the bill. This incl are the one who pays • Small business - Th	unt you have with yess ans that your name, or ludes accounts that you sthe bill.	the name of the person who you are filing u have through your employer only if you				



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):			
	Provider you are leaving:	Provider you are moving to:		
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 atte service provider before the CCTS will of	empt to resolve the complaint with your get involved.		
8.	□Internet - internet service delivered to a fit □Wireless and Mobile Services - mobile ( and data, portable internet services. □Landline and internet-based phone □Long-distance services- including pre-pa	ixed address.  (cellular) telephone services including voice, text  aid long distance calling cards.  address: Cable, IPTV, Satellite. We cannot help		
	The CCTS can help you with issues about credit management.	out billing, service delivery, contract disputes, and		
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. *			



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.



			ing this stage. staff of both the CCTS and you	ur
□ I agree				
12. Please confirm yo Code and Privacy			ve read the CCTS Procedura	<u>al</u>
□ I agree				
make our process	more accessible tong as they are in ke	o you? Please deping with the apple	nodations do you require to letail these below. We will mak licable human rights codes.	ke
□Through my service provider	□Notice on bills	□Website	☐Through a friend or family member	
□Google or other online search	□Social media	□News	□CRTC	
□Other (Please Spe	ecify)	•		
15.Was it easy to fill o	out our form?			

## 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