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Indicates mandatory information

THIS OFFICE WILL HANDLE A COMPLAINT ONLY IF A COPY OF YOUR COMPLAINT CAN BE SENT TO THE BUSINESS. If you do not want your complaint sent to the business, please explain:

OFFICE USE ONLY

DATE RECEIVED

Name of person submitting the report

Name (please print)		
Telephone number(s)	WORK	RES.
E-mail address:		
Please indicate best time and method to contact you		

Name of business being named in complaint.

Business Name		
Business Owner/Manager		
Community where		
complaint took place		
Telephone number(s)	WORK	RES.
E-mail address:		
Mailing Address (if known)		·

PLEASE DESCRIBE THE ISSUE:

Signature_____ Date: _____

P.O. Box 440 Baker Lake, Nunavut XOC OAO Tel: 867-793-3321 Toll Free: 866-889-8139 Email: <a>Econsumerprotection@gov.nu.ca Consumer Affairs | Government of Nunavut