



# Complaint Form

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**Regina Office**

#150 – 2401 Saskatchewan Drive  
Regina, SK, S4P 4H8  
Fax: 306-787-9090

**Saskatoon Office**

500 – 350 3rd Avenue North  
Saskatoon, SK S7K 6G7  
Fax: 306-933-8406

To send us a complaint by fax or mail, please complete the following form. If you prefer, you are welcome to use the online form on our website or contact us by phone at **1-800-667-9787**.

## About You

First Name	
Last Name	
Address	
City	
Province/State	
Postal Code / Zip Code	
Phone	
Phone Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Alternate Phone	
Alternate Phone Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Best way to contact you	<input type="checkbox"/> Phone <input type="checkbox"/> Letter Best time of day to contact you: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
How did you hear about us?	<input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Family Member <input type="checkbox"/> Other _____

## About Your Complaint

<p>Is this your complaint?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes, and I am being represented by someone else.</p> <p>The person representing me is a:</p> <p><input type="checkbox"/> Lawyer <input type="checkbox"/> Advocate <input type="checkbox"/> Social Worker <input type="checkbox"/> Guardian <input type="checkbox"/> Other</p> <p>First Name:</p> <p>Last Name:</p> <p>Contact Information:</p> <p><input type="checkbox"/> No. I am representing someone else.</p> <p>I am that person's:</p> <p><input type="checkbox"/> Lawyer <input type="checkbox"/> Advocate <input type="checkbox"/> Social Worker <input type="checkbox"/> Guardian <input type="checkbox"/> Other</p> <p>Do you have permission to represent that person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>First Name:</p> <p>Last Name:</p> <p>Contact Information:</p>
<p>What organization is your complaint about?</p>	
<p>Please provide a brief summary of your complaint.</p>	

Please attach any additional information or documents that you would like to provide us.