Complaint Form

PLEASE COMPLETE IN BLOCK LETTERS

Complaint number :

COMPLAINANT

□ Mr.
□ Mrs

Language of correspondance ☐ French ☐ English

Surname	Given name (s)
Address (N^0, street)	(Apartment No.)
City, province/State, country	Postal code/Zip code
Telephone/residence	Telephone/office

FOR PROCESSING PURPOSES, DO YOU AGREE TO ALLOW US TO FORWARD YOUR NAME AND ADDRESS TO THE BUSINESS, ORGANIZATION OR ESTABLISHMENT CONCERNED (HOTEL, ATTRACTION, RESTAURANT, ETC.) ?

☐ Yes

☐ No Note that an anonymous complaint is not as effective and limits follow-up.

Signature of complainant _____

Date

COMPLAINT REGISTERED IN :

- Name of welcome place :
- Touristic area :

Name of the employee filing the request : _____

Date

_____

MPL – 05/12/02

Complaint number

COMPLAINT

PRINCIPAL OBJECT OF THE COMPLAINT

Business/organization/establishment concerned

Address (N^0, street)

City

Postal code

Telephone

Date events occured

Time (If relevant)

If the complaint concerns a lodging establishment:

Date(s) of occupancy or date(s) of scheduled occupancy	Room/unit number or name	Price billed/nightly ☐ with taxes ☐ without taxes	Number of persons	Receipt (s) : ☐ enclosed ☐ forthcoming ☐ non available

STATEMENT OF FACTS/ SITUATION (Must be completed by the employee)

Difference between services expected and services rendered, etc.