

COMPLAINT FORM

Before you submit a complaint to the ministry

Make sure you first **write a complaint letter to the business.**

If you have questions about your rights under the **Consumer Protection Act** or other laws under the ministry, contact us at:

1-800-889-9768 or 416-326-8800 | TTY 1-877-666-6545 or 416-229-6086

Submitting a complaint to the ministry

- 1) Fill in all the details in this complaint form and send to:
Ministry of Government and Consumer Services
Consumer Services, Analytics and Partnerships Branch
77 Wellesley Street West
PO Box 450
Toronto ON M7A 2J6
Fax: (416) 326-8665
Email: consumer@ontario.ca
- 2) We will review your complaint to see how we can help you. This includes checking if a business may have violated any Ontario consumer protection laws and if there has been a pattern of complaints about the business. We also use the information you submit to help us look for consumer problems happening within a specific business sector.
- 3) We will assign a case number for your complaint and let you know what your next steps can be. You may be asked to send us copies of supporting documents such as your letter of complaint to the business, your contract, invoice, proof of payment, cancellation notices, etc.

Case file number (leave blank if you have not opened a case with the ministry)

1. Did you write a complaint letter to the business? (Required)

Yes No

If you selected no: **please review our steps before you submit a complaint.** You must write to the business before the ministry can process your complaint.

2. Do you have supporting documents? (Required)(For example, your complaint letter to the business, your contract, invoice, proof of payment, cancellation notices etc.)

Yes No

3. What is your complaint about?

4. Contact details of the business or individual

Business name _____

Other name (if any) _____

Contact title _____

Address _____

Unit/Suite _____ City/Town _____

Province/State _____ Postal/Zip code _____ Country _____

Telephone _____ Cellphone _____ Fax _____

Email address _____

Business website _____

If your complaint is against a collection agency or bailiff, please name the collector or bailiff and the issue you have with this person.

5. What do you want the business to do to resolve your complaint?

6. Describe the goods or services related to your complaint.

7. Date of agreement or transaction

8. a) Total value of goods or services

b) Amount in dispute

9. Method of payment for goods or services

Cash	Cheque	Debit card	Credit Card	Money Order
Online Payment Service		Wire transfer	Not applicable	Other

10. The agreement was formed by:

Mail	Door-to-door	Over the counter
Online transaction	Telephone	Not applicable

11. Your name and mailing address

Last name (Required) _____ First name (Required) _____
Address _____
Unit/Suite _____ City/Town _____
Province _____ Postal Code _____ Country _____

12. Your contact information

Preferred telephone (Required) _____ Alternate telephone _____
Work telephone _____ Fax _____
Email address (Required) _____

13. How did you hear about Consumer Protection Ontario? (Required) Please do not write personal names of friends or family etc.

14. Questions about who you are

The following questions are optional and are not required for filing a complaint. The information you may provide in this section will not be shared with the business or any other organisation. We are interested in learning more about how some businesses market to particular groups in the consumer marketplace.

Your answers will help us better protect consumers, and to create and improve consumer protection tools. This information will also help us make the complaint process barrier-free for consumers seeking help.

You cannot be identified through your answers to these questions.

Do you have any special needs or require any special accommodation that we should be aware of?

Yes No

What is your age range?

29 and under

30-44

45-59

60+

Are you comfortable communicating in English (reading, writing and in-person or by phone)?

Yes

No

If no, which language are you most comfortable in speaking, reading and writing?

Have you immigrated to Ontario from outside of Canada within the last 5 years?

Yes

No

If yes, which country did you immigrate from? _____

Are you on a fixed income or do you receive any form of income support? (e.g., Canada Pension, social assistance such as Ontario, Works, Ontario Disability Support Plan, welfare, etc.)

Yes

No

Are there any other details you would like to share?

Important Notice

The personal information gathered on this form, and in any subsequent submissions you make is collected in compliance with section 38(2) of the Freedom of Information and Protection of Personal Privacy Act, R.S.O. 1990 F.31 and the Consumer Protection Act 2002, S.O. 2002 Chap.30, Schedule A, as amended.

Collection of this information also takes place under section 105 of the Consumer Protection Act. Section 105 provides that the ministry may receive complaints regarding conduct that may be in contravention of the Consumer Protection Act or other legislation such as consumer protection legislation, and may make inquiries, gather information and attempt to mediate or resolve complaints as appropriate.

You will not be placed on any mailing lists. Any personal information you give us will only be used for the purposes of complaint mediation and/or investigation of the business practices of the business.

For more information about the collection of information, please contact the Director, Consumer Protection Branch, in writing at:

Ministry of Government and Consumer Services
Consumer Services, Analytics and Partnerships Branch
77 Wellesley Street West
PO Box 450
Toronto ON M7A 2J6

Or by telephone at 1-800-889-9768 or TTY 1-877-666-6545

By submitting this form you declare the information you provide to be true and correct. You are also consenting to the sharing of the information you submit, to the business in question, any government ministry (federal or provincial), agency, board or commission, any self-regulatory body or association and any law enforcement agency.

I Agree (Required)

Signature (Required) _____ Date (Required)