



Compliments, Complaints and Appeals Form

Name	Name of advocate (if applicable)	
Address	Phone Number	
Email	Communicated via:	
	<input type="checkbox"/> Telephone <input type="checkbox"/> In person	<input type="checkbox"/> Letter (attached) <input type="checkbox"/> Email (attached)

Details of Compliment/Complaint/Appeal

Please tell us what is happening/has happened, when and where and who is/was involved. Give as much information as possible and enclose copies of any relevant documents. Use a separate sheet of paper if necessary.

Tell us how you are being affected by the situation?

What would you like to see happen as a result of you raising this concern with us?

If this incident results in an application under the Residential Tenancies Act 2006 at the Office of Residential Tenancies, are you willing to act as a witness to provide evidence in his matter? YES / NO

Have RCMP been involved? YES / NO File # _____

If yes, please provide the Incident File or Report # and all details and supporting documentation.

Tenant Signature: _____ **Date:** _____

For Office Use Only Tracking #: _____ Assigned To: _____	Resolved: YES / NO Date: _____
	Appealed: YES / NO Date: _____