

COMPLAINT FORM

- Please answer as many of these questions as you can.
- File the form and relevant documents with the Registrar at the OPFA Office.

Complainant Information

Name: _____

Home Address: _____

City: _____, Postal code: _____

Ph: _____ Fax: _____

Email: _____ Cell: _____

Business Name (if relevant) : _____

Address: _____

City: _____, Postal code: _____ Ph: _____

Fax: _____

Email: _____ Cell: _____

You may contact me at: home business (select one or both)

Are you a member of the OPFA? Yes No

If yes, member # _____

Respondent Information (Member against whom your complaint is made)

Name: _____

Address: _____

City: _____, Postal code: _____

Ph: _____ Fax: _____

Email: _____ Cell: _____

Business: _____

Address: _____

City: _____, Postal code: _____

Ph: _____ Fax: _____

Email: _____ Cell: _____

OPFA Member # _____

Nature of complaint

What is the general nature of your complaint? _____

Please describe your complaint in your own words. Please attach separate sheet of paper if required.

Documents related to complaint

Contacts relevant to complaint

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use separate sheets if needed

1. Please include copy each of any documents pertaining to your complaint with this form, including any contracts, correspondence, notes or diary entries. Please include above or on a separate page, a list of documents provided.
2. Please include above or on a separate page, a list of the names, addresses, telephone and fax numbers of any persons who may need to be contacted regarding your complaint.
3. Please be aware that a copy of this completed form will normally be sent to the defendant (the Member against whom the complaint is made).

Mailing address: PO Box 30038 Georgetown RPO Mountainview, ON L7G 6J8
Email: opfa@opfa.ca

Signature

Dated