

# Community Futures Development Corporation of Central Island

## COMPLAINT FORM

NAME:

---

DATE:

---

ADDRESS:

---

CITY:

PROVINCE:

POSTAL CODE:

---

HOME PHONE #:

---

OTHER # (please specify, i.e. TTY, VCO, cell etc.):

---

**DESCRIPTION OF COMPLAINT OR ISSUE**

---

---

---

---

---

---

---

---

---

---

**What steps have you taken to resolve the problem?**

---

---

---

---

---

---

---

---

---

---

**Please list company representatives you have dealt with.**

---

---

---

**Give a description of a satisfactory solution.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Additional comments:**

---

---

---

---

---

**NAME:**

---

**SIGNATURE:**

**DATE:**

**FOR OFFICE USE ONLY**

Complaint file # (dept. code-year-# of complaint):  
Complaint forwarded to:  
Signature:

**Mail or fax to the office (see a list on the next page).**