

# Consumer Protection Division

## Consumer Complaint Form

[fca.gov.sk.ca](http://fca.gov.sk.ca) | [consumerprotection@gov.sk.ca](mailto:consumerprotection@gov.sk.ca)

## **Consumer Complaint Form**

The Consumer Protection Division assists consumers in resolving disputes with businesses. When assisting, our office will rely on relevant legislation.

**For Office Use Only:**  
Case Number: \_\_\_\_\_

The Consumer Protection Division requests that you make an effort to deal with the business regarding your complaint before filling out and forwarding this form. Please note, if the office is unable to resolve your complaint, you may have to go to court to resolve the problem.

**The Division does not deal with disputes between businesses.**

### **General Instructions**

Fill in the entire form. Make sure you include names and phone numbers. After completing the form, mail, fax or attach as a pdf the completed document to the address in the top right hand corner.

Please print clearly. If you need more space, please attach a separate sheet.

#### **1. Your Information:**

Full Name:	Surname:	First name:	
Mailing Address:	City:		
Postal code:	Telephone # including area code:	Area code:	Ph #
Email Address (optional):			

#### **2. Complaint Being Filed Against:**

Business Name:
Address: (if known)
Telephone Number:
Contact Person:

**3. Complaint Information:**

Please describe the problem:

4. Value of goods or service:

5. Date of transaction:

6. Date you received goods or services:  
(if different from date of transaction)

7. Method of Payment:

8. How was the purchase made?  Internet;  Phone;  At retailer;  At home;  Other- explain:

9. If your complaint involves (a) contract (b) bill of sale (c) invoice/receipt and/or (d) warranty/guarantee, please include and attach a photocopy of the document(s) relating to your complaint (**do not send originals**). If you were not given any documents, briefly explain why.

10. Please describe what you have done to try to resolve your complaint.

There is an expectation that you will have attempted to resolve this complaint directly with the supplier as it is always best to try to first seek a remedy yourself.

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

12. Attach copies of any letters you may have sent to the business and a copy of the business's reply if you received one.

### 13. Authorization Form – please read carefully

#### (a) Collection of Information

The information on the complaint form is being collected by the Director/Registrar pursuant to a complaint arising from *The Auctioneers Act, The Cemeteries Act, 1999, The Charitable Fund-raising Businesses Act, The Collection Agents Act, The Consumer and Commercial Affairs Act, The Sales of Goods Act, The Credit Reporting Act, The Direct Sellers Act, The Motor Dealers Act, The Film and Video Classification Act, The Cost of Credit Disclosure Act, The Ticket Sales Act, or The Consumer Protection Act.*

#### (b) Disclosure of Information

(bi) By signing this form, you are consenting to the Director/Registrar and those members of the public service of Saskatchewan employed in the office of the Director/Registrar to use and disclose the personal information contained in the complaint form and any additional information that you supply as follows:

- For the purpose of administering and enforcing one of the statutes noted above;
- For the purpose of investigating and resolving your complaint; and
- For any other purpose for which the information was obtained or for a use consistent with that purpose.

(bii) In particular, you are consenting to the use and disclosure of the personal information you have provided to the following persons or entities:

- The business with whom you have the complaint;
- Government ministries;
- Self-regulatory agencies or associations;
- Law enforcement agencies;
- Your employer (only if your complaint involves your employer).

### 14. Authorization – Signature

(a) Unless prohibited in writing, I hereby authorize the Director/Registrar to use and disclose the information I have submitted about my complaint to the persons and entities listed in subsection 13(bii), as necessary.

(b) I give permission for the supplier(s) or business(es) associated with this complaint to provide the Consumer Protection Division with information and/or documents related to my transaction.

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Complainant's Signature

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Date

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Signature of Individual Completing Form  
(if other than Complainant)

**Additional Information**

Please note that if you are submitting this complaint form on behalf of a complainant, the complainant must also sign the authorization form.

Return your completed, signed complaint form and authorization form by facsimile, mail, or hand delivery or by pdf attachment to the Consumer Protection Division at the address indicated on the first page of the complaint form.

If you would like us to communicate by using a phone number or email that you do not wish to be shared, please list below. Except if provided elsewhere in the document, **these will not be shared** outside of this office, but will assist our investigators in contacting you promptly.

Cell phone:	Email:
Other phone #	

I have not consented to the disclosure of personal information to the following specific persons and entities. This restriction may limit the Investigator's remedies.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon receiving a formal complaint, the investigator will:

1. Review to determine if the Consumer Protection Division has jurisdiction (i.e. does consumer protection legislation apply)
2. Review to determine if the consumer has attempted to resolve the complaint themselves, in the first instance. If not, the consumer may be asked to make the first attempt.
3. Contact the supplier and gather information, and attempt to resolve if further information from the consumer is not necessary
4. Relay supplier information to the consumer and seek a response
5. Determine options available
6. Communicate our position and next steps with the consumer