ᓄᓇᕗᒻᒥ ᒐᕙᒪᒃᑯᓂᑦᑐ ᐱᔨᑦᓯᕋᖅᑎᒃᑯᑦ
Nunalingni Kavamatkunnilu Pivikhaqautikkut
Department of Community and Government Services
Ministère des Services communautaires et gouvernementaux

CONSUMER COMPLAINT FORM
CONSUMER INFORMATION

Name: _____
Please print or type **Last** **First** **Middle Initial**

Address: _____

City: _____ Province or Territory: _____ Postal Code: _____
How may we contact you?

Phone: Day:(____)_____ Evening: (____)_____ Email: _____

THIS OFFICE WILL HANDLE A COMPLAINT ONLY IF A COPY OF YOUR COMPLAINT CAN BE SENT TO THE BUSINESS. If you do not want your complaint sent to the business, please explain:

BUSINESS INFORMATION

Name of Business Involved: _____
Please print or type
Business Address:
City: _____ Province or Territory: _____ Postal Code: _____

Phone: (____)_____ Name of Owner or Manager (If known): _____

Names and Addresses of any other businesses involved in your complaint:
_____
_____
_____

Item or Service Purchased: _____

Cost of Item or Service
_____
_____
_____
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_____
_____
_____
_____

Consumer Affairs
P.O. Box 440, Government of Nunavut, Baker Lake, NU. X0C 0A0
☎ (867) 793-3303 (867) 793-3321 Toll-Free: 1-866-223-8139