

I have a complaint

If you have a question, or are not sure whether we can help with your specific complaint, call Public Enquiries at 902-424-5200 or toll-free in Nova Scotia at 1-800-670-4357. Or submit your questions through [Online Enquiry Form](#).

General Instructions

- 1 Please fill in the entire form. Make sure you include names and phone numbers.
- 1 After completing the form, mail the signed form to the nearest Access Nova Scotia site. You can find a list of Access Nova Scotia offices at <http://www.novascotia.ca/snsmr/offices.asp>.
- 1 Please print clearly. If you need more space, please attach a separate sheet.
- 1 If you are acting for someone else,
 - o **For example**, if you're making a complaint on behalf of a spouse or a senior parent please indicate this. Privacy laws require that the person give their consent to the sharing of information. Both you and the person on whose behalf you are acting will have to sign a printed version of the form and return it to an Access Nova Scotia office.

Consumer Online Complaints Form

Your Information

Full Name: _____

Mailing Address:
(including postal code) _____

Telephone Number:
(daytime) _____

Fax:
(optional) _____

Email Address: _____

Acting on Behalf

Are you acting on behalf of another? Yes | No

If you are acting on behalf of another, please indicate the name of the individual on whose behalf you are submitting this complaint, and their relationship to you.

Full Name: _____

Relationship: _____

Please note:

By submitting this form on the behalf of someone else; you are confirming that you have secured their permission to disclose their information.

Complaint Being Filed Against

Business Name: _____

Address
(optional) _____

Telephone Number: _____

Contact Person: _____

Complaint Information

What is the nature of your complaint?
Please choose one.

- CollectionPractices
- Payday Loan
- Credit Reporting
- Direct Sale (e.g. door to door or home party)
- Cemetery Services
- Funeral Services
- Mortgage Broker or Lender
- Gift Cards
- Lenders (other than banks or credit unions)
- Agents of Lenders (e.g. furniture stores who offer financing through a lender)
- Consumer Purchase (please note our authority is limited)
- Other

Please describe the problem: (If you need more space, please attach a separate sheet.)

Value of goods or service: \$ _____

Date of transaction: _____

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

Method of payment:
Please choose one.

- Debit Card
- Cash
- Credit Card
- Cheque
- Money Order
- Not Applicable

How was your purchase made?
Please choose one.

- Online
- Retail
- Door to Door
- Telephone
- Mail
- Not Applicable

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

Please note that it is always best to try to resolve your complaint directly with the business. We can only help after you have first tried to resolve the complaint directly.

(If you need more space, please attach a separate sheet.)

What do you want the business to do to resolve your complaint? (If you need more space, please attach a separate sheet.)

Permission to Share Information

By signing below, you declare the information you provide to be true and correct. You are also consenting to the sharing of the information on this form with the business in question, any government department or law enforcement agency, and any self-regulatory body or association. Any personal information you provide will only be used for the purposes of complaint mediation or investigation.

Note:

The privacy rights of online visitors to the Service Nova Scotia and Municipal Relations (SNSMR) Website are fully protected by Nova Scotia's Freedom of Information and Protection of Privacy Act. Any personal information which SNSMR collects from visitors relates directly to the operation of programs and will not be used for any other purpose. To obtain access to or correct personal information you have submitted via this form, please contact Service Nova Scotia and Municipal Relations at:

FOIPOP Administrator
P.O. Box 1003
Halifax, Nova Scotia
B3J 2X1

Signature: _____

Date: _____

If you are submitting this complaint on someone else's behalf, **that person must sign below.**

I hereby authorize _____ to disclose the information included on this form, which is true and correct, with the business in question, any government department or law enforcement agency, and any self-regulatory body or association.

Signature: _____

Date: _____