

## COMPLAINT FORM

Submit this form to CanDACC by emailing it to [authority@candacc.ca](mailto:authority@candacc.ca)

### COMPLAINANT'S INFORMATION

Name of person making the complaint: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

### DESCRIPTION OF COMPLAINT

Select all applicable options:

☐ My complaint is against an Adjudicator.

Name of Adjudicator: \_\_\_\_\_

☐ My complaint is against CanDACC.

☐ My complaint is against CanDACC's services.

Adjudication file # (if applicable): \_\_\_\_\_

Date(s) when the activity that is the subject of the complaint occurred:

\_\_\_\_\_

Please provide a description of the complaint.

Description of the complaint (continued).

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Signature

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Date

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Printed Name of Person Signing