



# COMPLAINT FORM

Dr.  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Are you representing someone else in this complaint?  Yes  No

Name of Business or Organization: \_\_\_\_\_

Mailing Address:

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

Contact Information:

Residence (\_\_\_\_) \_\_\_\_-\_\_\_\_

Business (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

Canada Post Customer Service File Number: \_\_\_\_\_

1. Please summarize your postal complaint.

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

2. How did Canada Post Customer Service offer to resolve your complaint?

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

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3. Describe the outcome you believe is fair.

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4. If your complaint pertains to the loss, damage or delay of an item, the following information is required before we can assess your request. Provide copies only of all relevant documentation, including postage receipt, proof of value of contents, etc.

Product or Service Purchased: \_\_\_\_\_ Tracking Number: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Address Mailed to: \_\_\_\_\_

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Return Address Indicated on the Item: \_\_\_\_\_

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Mailing Location (i.e. post office, mailbox location, etc.): \_\_\_\_\_

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Options Purchased at the Time of Mailing (i.e. signature, insurance, etc.): \_\_\_\_\_

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Contents: \_\_\_\_\_

The information provided is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Customer Satisfaction:** In our continued efforts to provide quality customer service, a third party may contact you by telephone following our investigation.

No – Please do not contact me.

