

Complaint file number:	

## **COMPLAINT FORM**

## **TENANT'S IDENTIFICATION**

Name:	_ First name:
Date of birth: / /	
P.O. Box:	
Community:	
P.O. :	# Tenant number:
Phone at home:	Phone at work:
Email:	
IDENTIFICATION OF THE PERSON OR TH	E ORGANISATION WHO'S ASSISTING THE TENANT,  First name:
IDENTIFICATION OF THE PERSON OR TH	E ORGANISATION WHO'S ASSISTING THE TENANT,  First name:
IDENTIFICATION OF THE PERSON OR THE IF IT'S THE CASE.  Name:////	TE ORGANISATION WHO'S ASSISTING THE TENANT,  First name:
IDENTIFICATION OF THE PERSON OR THE IF IT'S THE CASE.  Name:////	E ORGANISATION WHO'S ASSISTING THE TENANT,  First name:
IDENTIFICATION OF THE PERSON OR THE IF IT'S THE CASE.  Name: / / /  Date of birth: / /  Address (house number):	E ORGANISATION WHO'S ASSISTING THE TENANT,  First name:



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COMPLAINT			
Date of the event://			
Place & service concerned:			
Employee concerned (if necessary):			
OBJECT OF DISSATISFACTION:			
Description of the event (what happen?) – Witnesses:			
(if necessary, use another paper)			
RESULTS EXPECTED BY THE TENANT			
lenant's signature	This form cannot be submitted online. Once completed and signed, you can email it to complaints@nunavikhb.ca		
	or submit it in person at your local NHB office.		

You can choose to send this form by mail:

NHB – Complaint Office,

P.O. Box 1200, Kuujjuaq, Quebec, JOC 1C0