





*The information given will be kept confidential and protected*

Complaint file number: \_\_\_\_\_

## COMPLAINT

Date of the event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place & service concerned: \_\_\_\_\_

Employee concerned (if necessary): \_\_\_\_\_

### OBJECT OF DISSATISFACTION:

Description of the event (what happen?) – Witnesses:

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(if necessary, use another paper)

### RESULTS EXPECTED BY THE TENANT

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Tenant's signature \_\_\_\_\_

Date \_\_\_\_\_

This form cannot be submitted online. Once completed and signed, you can email it to [complaints@nunavikhb.ca](mailto: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, J0C 1C0**